



County of Los Angeles
CHIEF ADMINISTRATIVE OFFICE

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DAVID E. JANSSEN
Chief Administrative Officer

March 29, 2005

Honorable Board of Supervisors
County of Los Angeles
383 Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Board of Supervisors
GLORIA MOLINA
First District

YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

Dear Supervisors:

**OPERATIONAL AGREEMENT WITH THE SEVEN (7)
REGIONAL CENTERS WITHIN LOS ANGELES COUNTY
(ALL DISTRICTS) (3-VOTES)**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve the attached Operational Agreement (Agreement) between the Chief Administrative Office (CAO); Departments of Children and Family Services (DCFS), Mental Health (DMH) and Probation; and the State-contracted individual nonprofit Regional Centers (RCs) within Los Angeles County: Eastern Los Angeles Regional Center, Frank D. Lanterman Regional Center, Harbor Regional Center, North Los Angeles County Regional Center, San Gabriel/Pomona Regional Center, South Central Los Angeles Regional Center, and Westside Regional Center, to provide coordinated services to children and adults with developmental disabilities.
2. Delegate authority to the Chief Administrative Officer to prepare and execute amendments as may be deemed necessary and/or to extend the term of the Agreement.
3. Delegate authority to the Chief Administrative Officer to execute future agreements between the Regional Centers and County.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

State and County representatives met to discuss how to better serve Regional Center clients. As a result, this Agreement was developed to define and confirm the roles and responsibilities of the seven (7) RCs and County departments for working together to provide coordinated services that help improve the lives of residents in the County of Los Angeles with developmental disabilities. County departments and RCs are committing to work collaboratively to enhance communication and effectiveness for a responsive, appropriate, and high quality service.

Resources will be optimally utilized in the most cost-effective, innovative, and beneficial manner. County departments and RCs will continually focus on joint, as well as individual, administrative, and operational enhancements to optimize the sharing of information, resources, and best practices while also protecting the privacy rights of individuals and families. Efforts will be made to involve families in the process of determining service plans and to proactively provide families with coordinated and comprehensive information, services, and resources from County departments and RCs.

Implementation of Strategic Plan Goals

This Agreement is in line with the County's Strategic Plan Goal No. 5 – Children and Families' Well-Being, which states five outcomes for children and families: good health, safety and survival, economic well-being, social and emotional well-being, and education and workforce readiness.

FISCAL IMPACT/FINANCING

There is no overall fiscal impact on the County of Los Angeles. Each County department head signing this Agreement will appoint a staff member to act as liaison with the RCs as well as between other County departments. Existing staff will continue to provide services, but the services will be more effectively coordinated as a result of the Operational Agreement.

FACTS AND PROVISIONS

The term of the proposed Operational Agreement is for a period of three (3) years, with two (2) one (1) year options to renew, upon approval of the County departments, CAO, and the RCs. This Agreement can be renegotiated at any time by mutual consent of all parties. This Agreement can also be terminated without cause, provided that written notice is given to all parties at least 30 days in advance.

The Honorable Board of Supervisors
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County departments and RCs understand and agree that, except as otherwise noted in this Operational Agreement or allowed by Federal Law, each will be responsible for their own liability and costs.


IMPACT ON CURRENT SERVICES

Board approval will allow the participating County departments and the seven RCs to work collaboratively in order to better serve children and families of the County.

CONCLUSION

Upon approval by your Board, an original signed copy of the Agreement should be provided to Sandra Torres, of the Chief Administrative Office, 222 South Hill Street, 6th Floor, Los Angeles, CA 90012.

Respectfully submitted,



DAVID E. JANSSEN
Chief Administrative Officer

DEJ:LS
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Attachments

- c: Executive Office, Board of Supervisors
- County Counsel
- Auditor-Controller
- Department of Children and Family Services
- Department of Mental Health
- Probation Department
- Eastern Los Angeles Regional Center
- Frank D. Lanterman Regional Center
- Harbor Regional Center
- North Los Angeles County Regional Center
- San Gabriel/Pomona Regional Center
- South Central Los Angeles Regional Center
- Westside Regional Center

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I. PURPOSE

This Operational Agreement (Agreement) is entered into by the County of Los Angeles Chief Administrative Office (CAO); Departments of Children and Family Services (DCFS), Probation, and Mental Health (DMH) (County departments); and the Regional Centers (RCs) in Los Angeles County, which include Eastern Los Angeles Regional Center, Frank D. Lanterman Regional Center, Harbor Regional Center, North Los Angeles County Regional Center, San Gabriel/Pomona Regional Center, South Central Los Angeles Regional Center, and Westside Regional Center. The purpose of this Agreement is to define and confirm the roles and responsibilities of the departments and RCs to work together to provide coordinated services that help improve the lives of residents in the County of Los Angeles with developmental disabilities.

In accordance with Welfare and Institutions Code Section 4512(a), "Developmental disability" means a disability that originates before an individual attains age 18, continues or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include mental retardation, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation, but shall not include other handicapping conditions that are solely physical in nature."

County departments and RCs are committing to work collaboratively to enhance communication and organizational effectiveness to provide responsive, appropriate, and high quality services to persons with developmental disabilities that help achieve the County's five outcomes for children and families: good health, safety and survival, economic well-being, social and emotional well-being, and education and workforce readiness. Departments and RCs will collaborate with families and communities in support of delivering services that are strengths-based, family-focused, culturally-competent, and tailored to address the unique and individual needs of persons with the developmental disability and their families.

Available resources will be optimally utilized in the most cost-effective, innovative, and beneficial manner. Departments, RCs, and their partners will continually focus on administrative and operational enhancements to optimize the sharing of information, resources, and best practices while also protecting the privacy rights of individuals and families. Efforts will be made to involve families in the process of determining service plans and to proactively provide families with coordinated and comprehensive information, services, and resources.

II. TERMS OF AGREEMENT

The term of this Agreement shall be for a period of three (3) years to begin upon execution of this Agreement, with two (2) one (1) year options to renew, with approval of the County departments, CAO and the seven (7) RCs. This Agreement can be renegotiated by mutual consent by all parties, unless terminated as provided herein.

This Agreement may be amended by any party during the term of this agreement by mutual written consent of all parties.

Any party may terminate this Agreement without cause, provided that written notice is given to all parties at least 30 days in advance.

III. CHANGES AND AMENDMENTS OF TERMS

Each party reserves the right to change, through negotiation with all other parties, any portion of this Agreement including amendments of the roles and responsibilities provisions. Any such changes or amendments shall be approved by all parties to this agreement.

- A. The County Chief Administrative Officer is authorized sign amendments and/or extensions as provided in section II without further action by the County Board of Supervisors.

IV. ROLES AND RESPONSIBILITIES

The roles and responsibilities for DCFS, Probation, and RCs under this Agreement are detailed in Appendix A. The roles and responsibilities for DMH and RCs to perform their obligation have been established in a Memorandum of Understanding (MOU) executed on June 16, 2000, attached hereto as Appendix B.

DCFS, Probation, DMH and RCs will assign a liaison and provide annual training and consultation to each other's staff on the departments and RCs structure, including the available services and specialized programs within each department and the RCs. Liaisons will meet as needed, but no less than annually to:

- A. Develop and implement resource development plans, which may include recruitment of potential residential providers that have experience serving children and adults with development disabilities;
- B. Review the effectiveness of the interagency collaboration;
- C. Address any outstanding issues between the agencies; and

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- D. Establish the direction and priorities for ongoing collaboration efforts between the agencies

When a dispute arises regarding an individual case, every attempt shall be made to resolve local disputes at the lowest administrative level. The case shall be referred immediately to the department and RCs liaison or designee for resolution within 15 days. When resolution is not reached at the departments and RCs Liaison level, the case shall be referred to the Director(s) of the department(s) and RCs including the CAO liaison.

The CAO will be responsible for monitoring implementation of this Agreement and coordinating the development and execution of any necessary changes and/or amendments to the Agreement, as well as facilitating the semi-annual and annual meetings required by this section and Appendix A under the Liaison Function item two (2) and three (3).

V. COST AND EXPENDITURES

Participating department and RC personnel will carry out designated functions as described in Appendices A and B at their own expense, including salaries and benefits, local transportation, and material. Cross training will be provided by each department and RCs and allow for cross training as described in Appendices A and B.

VI. LIABILITY AND RESPONSIBILITY

Departments and RCs understand and agree that, except as otherwise noted in this Operational Agreement or allowed by Federal Law, they will be responsible for their own liability and bear their own costs with regard to their property and resources, or personnel expenses incurred by reason of death, injury, or incidents giving rise to liability.

VII. SHARING AND PROTECTION OF CONFIDENTIAL INFORMATION

All records and information derived by employees of the County departments and the RCs in their work belongs to the County departments and RCs they represent. The departments and RCs must protect confidential and privileged information. The sharing of information must be in accordance with Welfare Institution Code (WIC) 4514(l), which indicates information sharing, must be between persons who are trained and qualified to serve on multidisciplinary personnel teams pursuant to subdivisions (d) of Section 18951. The information and records sought to be disclosed shall be relevant to the prevention, identification, management, or treatment of an abused child and his or her parents pursuant to WIC Chapter 11 (commencing with Section 18950) of Part 6 of Division 9.

Each department and RC must require staff to adhere to policy on confidentiality, including that he/she is trained and qualified to provide one of the services listed in

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WIC Section 18951. Each person must acknowledge that the information and/or records received in the course of providing services are confidential, that he/she shall maintain their confidentiality, be under the privacy and confidentiality obligations, and subject to the same confidentiality penalties as the person disclosing or providing the information for records. Specific information can be shared through documentation and/or interdisciplinary staffing review meetings as described in the roles and responsibilities (Appendices A and B of this Agreement.) Everything that is legally allowed is considered part of the Juvenile Court Record and is therefore subject to disclosure under WIC Section 827.

VIII. APPENDICES

Appendix C provides a common glossary of terms in support of achieving the identified roles and responsibilities and enhancing communication among parties.

Appendix D Exhibits 1 and 2 is the Federal and Public Law of Individuals with Disabilities Education Act (IDEA) Part C.

Appendix E is the Lanterman Developmental Disabilities Services Act Fact Sheet and website for a full description of the Act.


IX. OPERATIONAL AGREEMENT

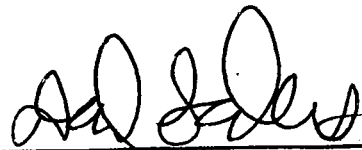
In witness whereof, we, the Directors of the respective County Departments and RCs below, do hereby agree to the terms of and cause the Agreement between the County and the RCs to be effective upon execution of this Agreement. This Agreement provides the clarification of roles and responsibilities and confirms the commitment of all parties to deliver efficient, effective, and coordinated services to children and adults that support achievement of desired outcomes.

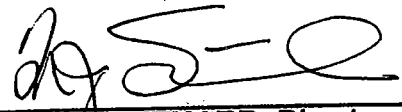
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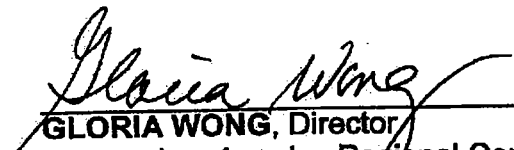
IN WITNESS WHEREOF, the authorized officers of the parties hereto has authorized this Agreement executed and entered into this _____ day of _____, 2005.


DAVID E. JANSSEN
Chief Administrative Officer


DAVID SANDERS, Director
Department of Children and Family Services



MARVIN J. SOUTHARD, Director
Department of Mental Health


PAUL HIGA
Acting Chief Probation Officer


GLORIA WONG, Director
Eastern Los Angeles Regional Center



DIANE CAMPBELL-ANAND, Director
Frank D. Lanterman Regional Center


PATRICIA DEL MONICO, Director
Harbor Regional Center


GEORGE STEVENS, Director
North Los Angeles County Regional Center


R. KEITH PENMAN, Director
San Gabriel/Pomona Regional Center


DEXTER A. HENDERSON, Director
South Central Los Angeles Regional Center


MICHAEL DANNEKER, Director
Westside Regional Center

APPENDIX A – COUNTY OF LOS ANGELES AND REGIONAL CENTERS OPERATIONAL AGREEMENT

Liaison Function:			Regional Centers	
DCFS	Probation			
1. The Director of DCFS will designate a person from each Service Planning Area (SPA) as a SPA/Region Liaison who has the responsibility to coordinate the activities required to carry out this Agreement and to maintain continuity in the development of a collaborative and productive working relationships among County departments and Regional Center (RC) agencies.	1. The Chief Probation Officer will designate a Department Liaison who has the responsibility to coordinate the activities required to carry out this Agreement and to maintain continuity in the development of a collaborative and productive working relationships among County departments and Regional Center (RC) agencies.		1. Regional Center (RC) will designate a Liaison from each RC who has the responsibility to coordinate the activities required to carry out this Agreement and to maintain continuity in the development of a collaborative and productive working relationships among County departments and RC agencies.	
2. Liaisons will meet as a group (RC, DCFS and Probation) semi-annually to share agency-specific information, facilitate operations, and/or resolve problems. Representatives from specialized units may attend as needed. DCFS may request additional meetings when special needs arise. Chief Administrative Office/Service Integration Branch (CAO/SIB) will chair and schedule these meetings.	2. Liaisons will meet as a group (RC, DCFS and Probation) semi-annually to share agency-specific information, facilitate operations, and/or resolve problems. Probation may request additional meetings when special needs arise. Chief Administrative Office/Service Integration Branch (CAO/SIB) will chair and schedule these meetings.		2. Liaisons will meet as a group (RC, DCFS and Probation) at least semi-annually to share agency-specific information, facilitate operations, and/or resolve problems. RC may request additional meetings when specific needs arise. Chief Administrative Office/Service Integration Branch (CAO/SIB) will chair and schedule these meetings.	
3. On an annual basis, the Liaisons will meet to assess the need to review and/or revise the Agreement. Chief Administrative Office/Service Integration Branch (CAO/SIB) will chair and schedule these meetings.	3. On an annual basis, Liaisons will meet to assess the need to review and/or revise the Agreement. Chief Administrative Office/Service Integration Branch (CAO/SIB) will chair and schedule these meetings.		3. On an annual basis, Liaisons (RC, DCFS and Probation) will meet to assess the need to review and/or recommend revisions to the Agreement. Chief Administrative Office/Service Integration Branch (CAO/SIB) will chair and schedule these meetings.	
4. Each SPA/Region Liaison will ensure that Social Workers attend a RC in-service training for about developmental disabilities and the role of the RC at least annually.	4. Probation Liaison will ensure that Deputy Probation Officer's (DPOs) attend a RC in-service training about developmental disabilities and the role of the RC at least annually.		4. RC will arrange for training of DCFS and Probation in the following manner: <ul style="list-style-type: none"> Los Angeles County Regional Center Liaisons will arrange annual in-service training for staff in DCFS and Probation offices, on developmental disabilities and the role of the RC. 	

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Liaison Function:			
DCFS	Probation	Regional Centers	
5. The DCFS Countywide Liaisons will identify additional DCFS representatives to participate in resource development efforts if needed.	5. The Probation Liaison will identify additional Probation representatives to participate in resource development efforts if needed.	5. RC Liaisons will offer technical assistance in the area of resource development to DCFS and Probation.	
6. DCFS Countywide Liaison will provide available DCFS data when requested by RC to determine program and service needs, utilization, and effectiveness, for dual-agency clients.	6. Probation Liaison will provide available Probation data when requested by RC to determine program and service needs, utilization, and effectiveness, for dual-agency clients.	6. RC Liaisons will provide available data when requested by DCFS or Probation.	
7. When there is a change in the SPA/Region or DCFS Liaison, the incoming Liaison will notify in writing the corresponding DPO or RC Liaison of the change in designation.	7. When there is a change in the Probation Liaison, the incoming Liaison will notify in writing the corresponding CSW or RC Liaison of the change in designation.	7. When there is a change in the RC Liaison, the incoming Liaison will notify in writing the corresponding County Department of the change in designation.	

Referral Function: Children from Birth Through Two Years Of Age

The process that enables a client with a diagnosed or suspected developmental disability to receive services in which they are legally entitled.

DCFS	Probation	Regional Centers
1. The CSW will assist parents and foster caregivers to refer (or will directly refer) at-risk infants and toddlers from birth through two years of age to RC pursuant to WIC Sec. 95014, Eligibility.	1. N/A	1. RC will accept referrals from DCFS of infants and toddlers believed to be at risk, developmentally delayed, or having a developmental disability and will determine eligibility for RC services in accordance with Part C of Individuals with Disabilities Education Act (IDEA) (Appendix D).
2. The CSW will provide the RC with children and family information needed to help determine the clients' eligibility for Regional Center services. This information may include, but is not limited to, social history and medical and developmental assessments.	2. N/A	2. RC may consult with the CSW to obtain recent assessments and information that could be utilized to determine eligibility and eliminate duplication. In accordance with Part C of IDEA and the Lanterman Development Disability Act (Appendix E). www.dds.cahwnet.gov/statutes/lanterman Act TOC.cfm
Referral Function: Individuals Three Years And Older		

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DCFS	Probation	Regional Centers
<p>1. When a client enters the DCFS system, and it is determined, that s/he is an existing RC client, DCFS will obtain the Legal Authority Consent (i.e., Parent or Dependency Court) to receive information. The CSW will notify the RC Liaison within five (5) working days of the client current status. The CSW will document RC status in the Child Welfare Services/Case Management System (CWS/CMS) Client Services Special Project Section.</p>	<p>1. When a client/adult enters the Probation system and it is determined that s/he is an existing RC client, the investigating officer or the supervision intake officer will notify the Regional Center Liaison as soon as possible and request statewide eligibility status.</p>	<p>1. The Regional Center Liaison will accept telephone information from the CSW or DPO and update RC records.</p>
<p>2. If it is unknown whether a client is a RC client or it is suspected that a client is a RC client, the CSW will call the Regional Center Liaison to contact the local RC and request a statewide eligibility status.</p>	<p>5. N/A</p>	<p>2. After receiving a referral, the SC will provide RC status within two working days. If the client has a Unique Client Identifier (UCI) Number, the SC will provide this number to the DCFS or Probation to be added to DCFS's CSW/CMS system and Probation's JCMS or APS.</p>
<p>3. If the client is registered with a RC, the CSW will document the RC status in the CWS/CMS Client Services Special Project Section.</p>	<p>3. If the client/adult is registered with a RC, the DPO will document the RC status in APS or JCMS.</p>	<p>3. The RC will refer the CSW or DPO to the eligibility section of this Agreement for procedures to determine Regional Center eligibility.</p>
<p>4. If the client is not registered, and it is suspected that the client has a developmental disability, the CSW will follow procedures indicated in the eligibility determination section of this Agreement.</p>	<p>4. If the client/adult is not registered, and it is suspected that the client/adult has a developmental disability, the DPO will follow procedures indicated in the eligibility determination section of this Agreement.</p>	<p>4. The RC will provide the CSW and/or DPO the corresponding RC that would determine eligibility. For procedures to determine eligibility refer to the Eligibility Determination Section of this Operational Agreement. *</p>
<p>5. If a client is or will be involved with the Adoption Assistance Program (AAP), the adoption CSW will contact the RC Director of Consumer Services in writing for the rate, and participate in IPP process.</p>	<p>5. N/A</p>	<p>5. The RC may respond in writing and will provide the information requested as soon as possible.</p>

* Pending legislative change.

APPENDIX A – COUNTY OF LOS ANGELES AND REGIONAL CENTERS OPERATIONAL AGREEMENT

<i>Referral Function by Regional Center to DCFS:</i>		
DCFS	Probation	Regional Centers
<p>1. When RC reports suspected child abuse/neglect in the clients own home or home of a relative, DCFS shall:</p> <ul style="list-style-type: none"> • Take the report through the CPH and advise RC of the DCFS service office where the Suspected Child Abuse Report (SS8572) is to be sent. A referral number will be issued and provided to the RC SC. • Evaluate the allegation(s) per established procedures and take appropriate action. • Receive and process the written report, per established procedures. 	<p>1. If the client is active to Probation, RC shall follow procedures with DCFS and notify Probation liaison by telephone of the reported incident.</p>	<p>1. If RC suspects child abuse/neglect, they shall follow the legally mandated procedures for reporting such abuse/neglect.</p>
<p>2. Complete an investigation and file for court dependency, as appropriate.</p>	<p>2. If appropriate Probation will report to Delinquency Court.</p>	<p>2. N/A</p>
<p>3. The CPH will not accept referrals for voluntary placement if the request for placement is the only reason for the referral. At least one of the following abuse or neglect factors must be present.</p> <ul style="list-style-type: none"> • Physical abuse, sexual abuse, exploitation, neglect, abandonment, or endangering emotional abuse. 	<p>3. N/A</p>	<p>3. RC will report to DCFS any child who is a consumer of the RC that is abandoned.</p>

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Eligibility Determination: The process of providing or obtaining assessments to determine if the clients handicapping condition is one that establishes his/her legal right for services from the DCFS and Probation to a Regional Center.		
DCFS	Probation	Regional Centers
1. The CSW, in consultation with birth parents, foster parents, prospective adoptive parents, MAT, Regional PHNs, school personnel, and/or other involved parties, will identify client who appear to need RC services. Based on the clients' residence, the CSW will attempt to determine which RC is responsible for determining a client's eligibility.	1. When the DPO suspects that a client/adult may have a developmental disability and it is determined that s/he is not a client, the DPO will contact the Los Angeles County Regional Center Liaison and provide them with referral information and available records. The evaluations and eligibility determination may not proceed without the consent of the parent or legally authorized representative.	1. Upon notification, and obtaining legal consent, SC will complete necessary assessments to determine eligibility.
2. Depending on the case circumstances, the client's parent, or CSW will make the referral to RC.	2. The DPO may be expected to participate in RC Interdisciplinary staffing reviews, to assist in the determination of eligibility.	2. RC Liaison will determine which center will be responsible for providing services to the applicant.
3. If available, the CSW will provide RC with all the necessary available social, psychological, and medical data in accordance with State and County regulations on client confidentiality.	3. If available, the DPO will provide RC with all the necessary available social, psychological, and medical data in accordance with State and County regulations on client confidentiality.	3. RC will review all information provided by CSW and/or DPO to determine if it is adequate to assist with eligibility.
4. If the RC does not accept the case for assessment through the initial screening, the CSW may request RC to conduct a full assessment. The CSW will work closely with the RC Intake SC to ensure that all available information is obtained and provided.	4. If the RC does not accept the case for assessment, the DPO may request RC to conduct a full assessment. The DPO will work closely with the RC Intake SC to ensure that all available information is obtained and provided.	4. RC will complete intake and assessment within legally mandated time frames set in the regulations and statutes.

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Eligibility Determination: The process of providing or obtaining assessments to determine if the client's handicapping condition is one that establishes his/her legal right for services from the DCFS and Probation to a Regional Center.		
DCFS	Probation	Regional Centers
5. The CSW may participate in RC inter-disciplinary staffing reviews, as appropriate. The CSW may consult with the DCFS RUM Liaison, who assists with out-of-home care for special-needs client.	5. The DPO may be expected to participate in RC inter-disciplinary staffing reviews, as appropriate.	5. RC will invite DCFS and/or Probation to participate in the RC inter-disciplinary staffing reviews, as appropriate.
6. If the referred client is not eligible for RC services, the CSW will make alternative plans to meet the client's special needs. CSW may appeal no eligibility status decision within 30 calendar days.	6. If the referred client or adult is not eligible for RC services, the DPO will make alternative plans to meet the client's/adults special needs. Probation Liaison may appeal no eligibility status decision within 30 calendar days	6. If the referred person is not eligible for services, the RC will notify the legal representative and/or County Department, in writing of this determination and provide appropriate recommendations as well as information on the appeals process.

Individualized Family Service Plan: Service To Children, Early Start (Birth Through Two years of Age): The process of assessment and Individualized Family Service Planning (IFSP) process to identify at-risk children eligible under Part C/Early Intervention Services Act.		
DCFS	Probation	Regional Centers
1. The CSW will collaborate with the SC to develop a service plan for the at-risk client and family. The plan will address the standard case plan requirements, management issues, and specify the responsibilities of both the CSW and SC. Including who will be assisting the parent, guardian, or other primary caregiver to carry out the service plan.	1. N/A	1. The SC will initiate, conduct, and develop a written IFSP with the family and/or provider of care and other representatives, as appropriate, within the legally required time frames. The RC will invite the CSW to participate in the various planning meetings held for the client.
2. If the client/family is receiving Family Preservation Services in which a multi-disciplinary evaluation team assists with the development of the service plan, the CSW will notify the SC of the date, time, and place of the team evaluation within ten (10) working days.	2. N/A	2. As appropriate, the SC will invite the CSW to participate in annual and other periodic reviews of the IFSP.

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<i>Individualized Family Service Plan:</i> Service To Children, Early Start (Birth Through Two years of Age): The process of assessment and Individualized Family Service Planning (IFSP) process to identify at-risk children eligible under Part C/Early Intervention Services Act.		
DCFS	Probation	Regional Centers
3. The CSW will participate in the annual and other periodic review of the IFSP and will incorporate the IFSP in the overall DCFS case plan services for the client and family.	3. N/A	3. The SC will invite the CSW to participate in transition planning to education and/or other services prior to age three (3).
4. The CSW will assist with transition planning and service delivery as specified in the IFSP.	4. N/A	4. SC will inform the CSW when it is determined through a review that the client no longer appears at risk or demonstrates developmental delays.
5. The CSW will participate in the eligibility review process and, as needed, provide information about the client to assist with the determination of ongoing eligibility.	5. N/A	5. The SC will invite the CSW to participate in the eligibility review.

<i>Individual Program Plan Development (IPP) And Case Management Services:</i> (Services For Individuals Three Years And Older): The process in which the service plan written by Regional Center for providing services to eligible individuals (three and older) resulting from the interdisciplinary assessment of client needs is developed and reviewed.		
DCFS	Probation	Regional Centers
1. The CSW (RUM as needed) will participate in the planning meeting to develop the IPP.	1. The DPO will participate in the planning meeting to develop the IPP as resources allow.	1. With consent of family or legal representative, the SC will coordinate a planning meeting to identify and complete needed assessments and secure appropriate services through the IPP process. The SC will notify the CSW or DPO of meeting dates and times.
2. The CSW will integrate the IPP into the case plan goals and objectives, and update CWS/CMS (Special Projects) as appropriate.	2. The DPO will integrate the IPP into the case plan goals and objectives.	2. The SC will develop an IPP for each consumer as appropriate. The SC will invite the client's CSW and/or DPO to the IPP meeting.
3. The CSW will share essential case information and case planning with the SC, and RUM staff as appropriate.	3. The DPO will share essential case information and case planning with the RC SC.	3. With written consent the SC will distribute copies of the IPP to the CSW and/or DPO.

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<i>Individual Program Plan Development (IPP) And Case Management Services:</i> (Services For Individuals Three Years And Older): The process in which the service plan written by Regional Center for providing services to eligible individuals (three and older) resulting from the interdisciplinary assessment of client needs is developed and reviewed.		
DCFS	Probation	Regional Centers
4. The CSW will retain primary case management responsibility for client who are dependents of the juvenile court, voluntary family maintenance cases, and for DCFS adoption cases. The CSW will work jointly with the SC in all cases to carry out the case plan.	4. The DPO will retain primary case management responsibility for client/adults who are under the jurisdiction of the courts, and on formal probation. The DPO will work jointly with the SC in all cases to carry out the case plan.	4. The SC will develop an IPP identifying DCFS or Probation as a provider of service to meet specified objectives, which are determined with families.
5. The CSW and RUM, as appropriate, will participate in the IPP meeting to develop IPP for dual-agencies consumers. The CSW and SC will jointly develop a schedule for monitoring the client's placement.	5. The DPO will provide information regarding conditions of probation and will be available to consult with the SC for those dual-agency consumers.	5. The SC will coordinate ongoing case management activities required to implement the IPP with the CSW/DPO.
6. The CSW will provide ongoing casework services to the client and will communicate to the SC any progress or changes in the client's situation. Whenever possible, the CSW will notify the SC in advance of any change in the client's residence, but no later than ten (10) working days after the change takes place.	6. Once a juvenile is released from juvenile hall or camp, the DPO will notify the Los Angeles County Regional Center Liaison as soon as possible. Probation will monitor the probationers upon release. Unless the court has terminated jurisdiction.	6. Upon notification, from either DCFS or Probation that the consumers' service needs have changed, SC will conduct an IPP meeting with appropriate individuals to update the IPP document as needed.
7. When a client is declared a dependent of the Court under WIC 300, the CSW shall keep the SC informed of the client's progress through the court system. If the SC is expected to attend the court hearing, then a notice will be sent to advise the SC. The CSW will notify the SC at least ten (10) working days in advance, if a written report from RC is needed for the court hearing.	7. Upon notification to the DPO that a client has been arrested, the DPO will contact the SC.	7. South Central RC Jail Liaison will notify assigned SC that probationer/RC client has been incarcerated at L.A. County Men's Central Jail (MCJ). The SC will participate in court proceedings when practicable. This service will continue as long as this position is funded by DDS.

APPENDIX A – COUNTY OF LOS ANGELES AND REGIONAL CENTERS OPERATIONAL AGREEMENT

Individual Program Plan Development (IPP) And Case Management Services: (Services For Individuals Three Years And Older): The process in which the service plan written by Regional Center for providing services to eligible individuals (three and older) resulting from the interdisciplinary assessment of client needs is developed and reviewed.			
DCFS		Probation	Regional Centers
8. As service needs are identified, the CSW will explore all DCFS and other generic resources for the client and family.	8. As service needs are identified, the DPO will explore all Probation and other generic resources for the client/adult and their family.	8. The SC will monitor the implementation of the IPP including those services purchased by the RC or from other funding sources.	
9. The CSW (with RUM participation, as appropriate) will arrange a review of the client's progress with RC as necessary.	9. The DPO will arrange a review of the client's progress with RC as necessary.	9. The SC will conduct periodic review of the IPP as indicated in the document.	
10. CSW will request SC to convene an IPP/IFSP meeting if additional services are needed or placement disruption is imminent.	10. DPO will request Los Angeles County SC to convene an IPP/IFSP meeting if additional services are needed or placement disruption is imminent.	10. The SC will convene an IPP/IFSP meeting with CSW or DPO when the consumer needs change or services are not meeting a specific need.	
Out-Of Home Placement: A client's/adult's placement outside of the home.- (Community Placement)			
DCFS		Probation	Regional Centers
1. The CSW has primary placement responsibility for dependent client ordered into suitable placement by the juvenile court under WIC 300.	1. The DPO has primary placement responsibility for delinquent client ordered into suitable placement by the juvenile court under WIC 600.	1. RC has primary case management responsibility for client and adults solely served by RC. RC typically supports family members to keep their client at home.	

APPENDIX A – COUNTY OF LOS ANGELES AND REGIONAL CENTERS OPERATIONAL AGREEMENT

Out-Of Home Placement: A client's/adult's placement outside of the home.- (Community Placement)		
DCFS	Probation	Regional Centers
2. For a dependent client in out-of-home care, the CSW shall maintain primary case management responsibility. However, the CSW will actively involve SC in case planning for the client, including notification of court appearances, case conferences, and pre-placement visits.	2. For a delinquent client in out-of-home care, the DPO shall maintain primary case management responsibility. However, the DPO will actively involve SC in case planning for the client, including notification of court appearances, case conferences, and pre-placement visits.	2. In placement or replacement planning for dependent and delinquent clients, the SC will provide consultation as needed and participate in ongoing case management. This includes planning meetings and updating the database. The SC will invite the CSW and DPO to the planning meetings and interdisciplinary staffing reviews as appropriate. All parties will communicate with each other regarding residential resources, and what to do when resources are not available in the responsible RC's catchment area. The SC will provide information about residential resources.
3. The CSW will participate in the client's IPP process. The CSW will consult with the SC in order to prepare the semi-annual report to the court. The SC will provide the CSW with a report ten (10) working days from the date of request.	3. The DPO will participate in the client's/adults IPP process. The DPO will consult with the SC in order to prepare the semi-annual report to the court. The SC will provide the DPO with a report ten (10) working days from the date of request.	3. The SC will maintain an active case on dual-agency client and adults in out-of-home placement. The SC will invite the CSW and/or DPO to participate in the IFSP/IPP process.
4. DCFS will not become responsible for out-of-home placement costs until DCFS approves the facility for DCFS use, and the provider signs the DCFS Foster Care contract. The CSW will provide necessary information required by a residential facility for placement. The CSW will contact RUM for assistance regarding Funding for Aid to Families with Dependent Client Foster Care/RC Clients. The CSW will participate in multi-agency (e.g., DMH, Probation, and Education) meetings with the SC to discuss placement and resolve issues.	4. Probation will not become responsible for out-of-home placement costs until Probation approves the facility for Probation use and the Provider signs the DCFS Foster Care Contract. The DPO will provide necessary information required by a residential facility for placement. The DPO will participate in multi-agency (e.g., DMH, DCFS, and Education) meetings with the SC to discuss placement and resolve issues.	4. If the residential facility is vendored by RC and is not a facility under contract with DCFS, the RC may complete the AFDC-FC Rate Request or Confirmation Letter, and send it to the CSW. The RC may assist the CSW or DPO in the evaluation and contracting process, should the provider express interest in obtaining DCFS or Probation contract status.

APPENDIX A – COUNTY OF LOS ANGELES AND REGIONAL CENTERS OPERATIONAL AGREEMENT

Out-Of Home Placement: A client's/adult's placement outside of the home.- (Community Placement)			
DCFS	Probation	Regional Centers	
<p>5. For dual-agency client in out-of-home care, the CSW will notify the SC of any concerns that may jeopardize the client's placement, and other issues that require further assessment. The CSW will request an IPP meeting with the RC if necessary. For dual-agency client in adoptive placements, the CSW will explore the availability of AAP and Aid for AAC funds for ancillary services that may be needed to achieve the IPP outcomes. Such services may include, but are not limited to, medical or psychological services that are not covered by Medi-Cal or exceed Medi-Cal limitations.</p>	<p>5. For dual-agency client in out-of-home care, the DPO will notify the SC of any concerns that may jeopardize the client's placement, and other issues that require further assessment. The DPO may request a meeting with the SC if necessary.</p>	<p>5. For dual-agency client in out-of-home care, the SC will inform DCFS or Probation of any concerns that may jeopardize the client's placement, or other issues that require assessment and coordination of mutual service planning and service needs. The SC will convene an IPP meeting with the CSW or DPO.</p>	
<p>6. When a case is transferred to another CSW and/or DCFS office, it will be done as expeditiously as possible in accordance with DCFS policies. The CSW will also keep RC updated as to the client's legal (i.e., parent's) residence.</p>	<p>6. When a case is transferred to another area office, it will be done as expeditiously as possible in accordance with Probation policies. The DPO receiving the transfer will notify the SC in advance when ever possible.</p>	<p>6. When a case is to be transferred to another SC and/or RC, the SC will notify the CSW/DPO in advance when ever possible.</p>	
<p>7. The CSW will notify the SC regarding any change of a client's placement status, e.g., changes in caretaker or adoptive placement. The CSW will notify the SC of this move within ten (10) working days following the change.</p>	<p>7. The DPO will notify the SC regarding any change of a client's placement status, e.g., changes in caretaker or adoptive placement. The DPO will notify the SC of this move within ten (10) working days following the change.</p>	<p>7. The SC may recommend a change of service if the placement does not appear to meet the client's needs. The SC will discuss with the CSW or DPO any observations that indicate a particular placement may not be appropriate for the client/adult.</p>	

APPENDIX A – COUNTY OF LOS ANGELES AND REGIONAL CENTERS OPERATIONAL AGREEMENT

Out-Of Home Placement: A client's/adult's placement outside of the home.- (Community Placement)		
DCFS	Probation	Regional Centers
<p>8. The CSW will notify RC at least six (6) months before terminating a case at age 18 years. The CSW shall notify RC immediately if a case closes for any other reason, including the finalization of adoption. The CSW will provide information to RC regarding the client's benefits, including, Supplemental Security Income (SSI) (initiating application at age 17 and one-half years), SSA, VA, trust funds, etc. When the client is 17 and one-half years of age and is in an out-of-home placement, the CSW will send a letter requesting RC to assume responsibility for the client at age 18.</p>	<p>8. The DPO will provide information to RC regarding the client's/adult's benefits, including, Supplemental Security Income (SSI) (initiating application at age 17 and one-half years), SSA, VA, trust funds, etc. When the client is 17 and one-half years of age and is in an out-of-home placement, the DPO will send a letter requesting RC to assume responsibility for the client at age 18.</p>	<p>8. Following notification by DCFS and Probation that a client will soon be ineligible for DCFS services due to age (no less than six (6) months prior to the client's 18th or 21st birthday), RC will coordinate the application for appropriate benefits (including SSI, SSA, VA, Transfer Funds and Medi-Cal). If appropriate, SC will hold an IPP meeting to assess the consumer's service needs.</p>
<p>9. DCFS agrees that transitional planning for a RC client must begin early with shared, ongoing assessment or periodic assessment, the CSW will consult with the SC regarding the client's self-help and other transitional needs. Each revised service plan must address the client's developmental needs, including self-help and independent living skills. The CSW will work with the SC to identify and access appropriate resources to help them achieve maximum development. The CSW will refer him/her to the Independent Living Program (ILP) in accordance with ILP eligibility requirements and program availability.</p>	<p>9. Probation agrees that transitional planning for a RC client must begin early with shared, ongoing assessment or periodic assessment, the DPO will consult with the SC regarding the client's self-help and other transitional needs. Each revised service plan must address the client's developmental needs, including self-help and independent living skills. The DPO will work with the SC to identify and access appropriate resources to meet the client's needs and help them achieve maximum development. The DPO will refer him/her to the Independent Living Program (ILP) in accordance with ILP eligibility requirements and program availability.</p>	<p>9. RC agrees that transitional planning for a DCFS or Probation/RC client should begin early and ongoing responsibility should be shared. The SC will consult with the CSW and DPO regarding the client's self-help and other transitional needs.</p>

APPENDIX A – COUNTY OF LOS ANGELES AND REGIONAL CENTERS OPERATIONAL AGREEMENT

Out-Of Home Placement: A client's/adult's placement outside of the home.- (<i>Community Placement</i>)		
DCFS	Probation	Regional Centers
10. DCFS will lead the development of an annual resource development plan to increase the availability of out-of-home placement for client with developmental disabilities as necessary.	10. Probation will support the development of an annual resource development plan to increase the availability of out-of-home placement for client/adults with developmental disabilities.	10. If requested, RC may offer consultation to County department's on the development of an annual resource development plan.

Emergency Replacement: Replacement of a client due to alleged abuse, neglect or due to a caregiver's emergency, including inability or unwillingness to provide care		
DCFS	Probation	Regional Centers
1. When knowledge of an emergency causes the CSW to remove a client from a facility where both DCFS and RC client reside, the CSW must take appropriate actions to assure the safety and protection of all clients in the facility. The CSW shall immediately contact the RC to alert the SC of the emergent need for replacement of RC client. (If both DCFS and RC serve the client, the CSW is responsible for placement).	1. N/A	1. If there is knowledge of an emergency, the SC must take appropriate actions to ensure the safety and protection of all clients in the facility. The SC shall immediately contact the DCFS Child Abuse Hotline (CAH) 1-800-540-4000 and/or law enforcement.
2. If emergency occurs after regular business hours, weekends, or holidays, the CSW shall telephone the RC main office to contact the 24-hour on-call duty worker. In the event the CSW is unable to contact the Regional Center, the CSW shall proceed with the replacement. The CSW shall notify the RC of the replacement as soon as possible.	2. N/A	2. When DCFS, DMH, or Probation notifies RC of an emergency, the RC will take appropriate action, consistent with statutes and regulations.

APPENDIX A – COUNTY OF LOS ANGELES AND REGIONAL CENTERS OPERATIONAL AGREEMENT

Evaluation: Process by which dual vendored/contracted facilities are evaluated to assure quality services and to provide a basis for client referral.		
DCFS	Probation	Regional Centers
<u>Out of Home Placement</u>		
1. DCFS staff will provide RC Quality Assurance staff with current names of specific contacts for sharing information regarding evaluations.	1. Probation Department will provide Regional Center Quality Assurance staff with current names of specific contacts for sharing information regarding evaluations.	1. RC will provide DCFS and Probation with current names of specific contacts for sharing information regarding evaluations.
2. For facilities, providing care to dual-agency client, DCFS will provide written reports of scheduled evaluations to RC Quality Assurance staff, as requested.	2. For facilities, providing care to dual-agency client, Probation Department will provide written reports of scheduled evaluations to RC Quality Assurance staff, as requested.	2. For facilities approved by DCFS or Probation for dual-agency client the RC will make available written reports of scheduled evaluations to DCFS and/or Probation as requested.
3. Evaluation information received from Probation or RC Will be accepted.	3. Evaluation information received from DCFS or RC will be accepted.	3. Evaluation information received from DCFS or Probation will be accepted.
4. DCFS staff will offer training on facility evaluation process to RC Quality Assurance staff.	4. Probation Department will offer training on facility evaluation process to RC Quality Assurance staff, as appropriate.	4. RC will offer training on facility evaluation process to County Department staff, as appropriate.
5. DCFS staff will participate in RC facility evaluation training, as appropriate.	5. Probation Department will participate in RC facility evaluation training, as appropriate. Probation will be informed of RC evaluations and will be given copies of RC Quality Assurance evaluations upon request.	5. RC will participate in DCFS and Probation training, as appropriate.
<u>Investigation:</u> Process by which dual vendored/contracted facilities are monitored to assure quality services and to provide a basis for client referral.		
DCFS	Probation	Regional Centers
<u>Complaints</u>		
1. DCFS will invite RC Quality Assurance staff and/or Probation staff to participate in the investigation, if appropriate.	1. Probation Department will invite RC Quality Assurance staff and/or DCFS staff to participate in the investigation, if appropriate.	1. RC will invite DCFS and Probation to participate in the investigation, if appropriate.

APPENDIX A – COUNTY OF LOS ANGELES AND REGIONAL CENTERS OPERATIONAL AGREEMENT

Investigation: Process by which dual vendored/contracted facilities are monitored to assure quality services and to provide a basis for client referral.

DCFS		Probation	Regional Centers
<u>Complaints</u>			
2. DCFS will be responsible for receiving information from RC on complaints against facilities used jointly.	2. Probation Liaison is responsible for receiving information from RC on complaints against facilities used jointly.	2. RC will provide reports to DCFS and Probation regarding findings of investigations, including Corrective Action Plans documenting substantial inadequacies, and letters of immediate danger.	
3. DCFS Quality Assurance staff will participate in investigations initiated by RC, if requested.	3. Probation Department will participate in investigations initiated by RC, if requested.	3. RC will participate in investigations initiated by DCFS or Probation if requested.	

Data Exchange: Process by which each department/agency will provide data files in order to identify dual agency clients.

DCFS	Probation	Regional Centers
1. DCFS will provide CAO/SIB a data file that will be match against DMH and State Department of Developmental Services RC files to identify dual agency clients	1. Probation will request as a customer of the Information System Advisory Board (ISAB) to match State Department of Developmental Services (DDS) data to the County's Consolidated Criminal History Reporting System (CCHRS) to identify cross-agency clients. This match will be conducted once every 3 months. As part of this process the CCHRS system will automatically generate and send an e-mail to the RC Jail Liaison when a RC client is arrested and a match occurred.	1. State Department of Developmental Services. RC does not provide any data.

APPENDIX B

MEMORANDUM OF UNDERSTANDING BETWEEN THE LOS ANGELES COUNTY REGIONAL CENTERS

and the

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

for

**Implementation of a Coordinated System
of Services to Individuals Who are
Eligible for Developmental Services and
also Require Mental Health Services**

Introduction

The Los Angeles County Regional Center (LACRCs), in accepting their responsibility for persons with developmental disabilities residing in the County of Los Angeles, has established Regional Center programs in Los Angeles County to assure the delivery of basic and essential services to those residents pursuant to the Lanterman Developmental Disabilities Service Act (Division 4.5 of the Welfare and Institutions Code, Sections 4500 through 5000).

The complexities of providing services to persons with developmental disabilities require the coordinated services of many county departments and community agencies to ensure that gaps do not occur in the provision of such services. In addition, Welfare and Institutions Code Section 4696.1 further requires joint efforts between LACRC and the Los Angeles County Department of Mental Health (LACDMH) to meet the needs of persons served by both Departments.

The State Department of Mental Health, as the State's mental health authority, is required by Welfare and Institution Code, Section 5000 – 5464 (Lanterman-Petris-Short Act), and Section 5600 – 5768, to make provisions for a continuum of support services for persons who have a mental disability. These services are provided by local mental health programs funded through the LACDMH. In addition, WIC 4684(a) (8) states that "regional center funds shall not be used to supplant the budget of any agency which has a legal responsibility to serve all members of the general public and is receiving public funds for providing those services."

The provisions of this Memorandum of Understanding (MOU) henceforth referred to as "Agreement," represent such efforts by LACRC and LACDMH to meet the needs of persons with developmental disabilities who are also mentally ill. This agreement defines the roles and responsibilities of LACRC and LACDMH. The LACDMH should be one of the many alternatives available to LACRCs for care of the developmentally disabled, mentally ill individual.

**MEMORANDUM OF UNDERSTANDING
LACDMH AND LACRC**

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Comprehensive appendices designating LACDMH and LACRC liaisons and descriptions of the nature and location of services provided by LACDMH and LACRCs shall be developed and made part of the Memorandum of Understanding.

General Provisions

LACRCs will provide fixed points of contact in the community for persons with a developmental disability and their families so that such persons may have access to facilities and services. The LACRCs will prepare individual program plans (IPP) to meet the needs of their clients/consumers and shall retain case management responsibility to provide or arrange for those services designated in the IPP. LACDMH will constitute a generic resource intended to meet the needs of Regional Center clients/consumers who meet medical necessity criteria, as identified in the California Code of Regulations (CCR) Title 9, Chapter 11, Section 1830.205. Medical Necessity means that the individual's level of functioning, due to a mental illness, disrupts or interferes with community living to the extent that without service the individual would be unable to maintain residence, engage in productive activities and daily responsibilities, maintain a social support system and keep healthy (see attached). Persons eligible for developmental disability services referred to LACDMH for mental health services will receive an evaluation and assessment to determine the extent of their need for these services. LACDMH will provide appropriate mental health services to persons eligible for developmental services as they provide to any other target group.

Persons with an included mental health diagnosis, who meet medical necessity (see attached), and who are suspected of having a developmental disability shall be referred to a regional center for an evaluation and assessment to determine eligibility. Pursuant to the Lanterman Developmental Disabilities Services Act, a developmental disability shall in no way exclude persons with developmental disabilities and mental disorders from receiving appropriate services from both regional centers and local mental health programs.

Goals

The overall goal of this Agreement is to combine the services of LACDMH with those of LACRC to assure that persons who need developmental disability services, as defined in W.I.C. 4512 (b), as well as mental health services, are effectively assisted in receiving services from both systems. Specific Agreement goals are:

- 1. To increase leadership, communication, and organizational effectiveness between LACRCs and LACDMH; (W&I Code Section 4696.1 (a)(1))**

**MEMORANDUM OF UNDERSTANDING
LACDMH AND LACRC
Page 3**

- 2. To optimize utilization of agency resources by building on the strengths of each organization; (W&I Code Section 4696.1 (a)(5))**
- 3. To decrease costs and minimized fiscal risk in serving persons who are dually diagnosed, with an included mental health diagnosis and developmental disabilities; (W&I Code Section 4696.1 (a)(2))**
- 4. To ensure continuity of services; (W&I Code Section 4696.1 (a)(3))**
- 5. To assure initial assessment and evaluation for referred persons of each system;**
- 6. To improve the quality of mental health outcomes for persons with a dual diagnosis of developmental disability and an included mental health diagnosis; (W&I Code Section 4696.1 (a)(4))**
- 7. To provide mental health and regional center services in ways that enable individuals with a dual diagnosis of developmental disability and an included mental health diagnosis to achieve their highest level of functioning in the least restrictive setting;**
- 8. To encourage living options in the least restrictive setting or prevent regression to a more dependent status;**
- 9. To promote innovative approaches to the delivery of services to individuals with a dual diagnosis of developmental disabilities and an included mental health diagnosis in more integrated settings with joint responsibility, which may include the development of special programs;**
- 10. To provide joint training of staff in both systems regarding the needs of individuals with developmental disabilities and an included mental health diagnosis and improved the quality of mental health outcomes for persons who are dually diagnosed; (W&I Code Section 4696.1 (5))**
- 11. To ensure timely resolution of conflicts. (W&I Code Section 4696.1 (a)(6))**
- 12. To continue to work toward inpatient care policies and procedures that meet the needs of the client/consumer, and meet State regulations.**

AGREEMENT

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SUBJECT AREAS:**LACDMH****LACRC****ELIGIBILITY**

1. In order to achieve the outcomes specified in W & I Code Section 4696.1 subdivision (a), LACDMH and LACRC will identify dually diagnosed clients/consumers of mutual concern. (SEC 17. Section 4696.1 (b)(1)(B))

LIAISON RESPONSIBILITIES

2. The Director of LACDMH will designate a Departmental Representative who has the responsibility for the coordination of activities required to carry out this Agreement. (SEC 17. Section 4696.1 (b)(1)(A))

EVALUATION AND TREATMENT**OUTPATIENT**

3. LACDMH and LACRCs will develop and implement a mutually agreed upon general plan for crisis intervention for persons served by both systems. The plan shall include after-hours emergency response systems, interagency notification guidelines and follow-up protocols. (SEC 17. Section 4696.1 (b)(2))
4. If psychiatric care is warranted, the LACDMH and LACRCs will jointly develop a mutually agreed upon procedure whereby both departments will work towards agreement on a

ELIGIBILITY

1. In order to achieve the outcomes specified in W & I Code Section 4696.1 subdivision (a), LACRC and LACDMH will identify dually diagnosed clients/consumers of mutual concern. (SEC 17. Section 4696.1 (b)(1)(B))

LIAISON RESPONSIBILITIES

2. The LACRC Directors will each designate a representative from LACRC who has the responsibility for coordination of the activities required to carry out this Agreement. (SEC 17. Section 4696.1 (b)(1)(A))

EVALUATION AND TREATMENT**OUTPATIENT**

3. LACRCs and LACDMH will develop and implement a mutually agreed upon general plan for crisis intervention for persons served by both systems. The plan shall include after-hours emergency response systems, interagency notification guidelines and follow-up protocols. (SEC 17. Section 4696.1 (b)(2))
4. If psychiatric care is warranted, the LACRCs and LACDMH will jointly develop a mutually agreed upon procedure whereby both departments will work towards agreement on a

LACDMH

LACRC

client/consumer-by-client/consumer basis on the presenting diagnosis and medical necessity, as defined by regulations of the State Department of Mental Health, to determine disposition. Once it is determined that the developmentally disabled client/consumer no longer requires mental health treatment, the client/consumer will be referred to the LACRC for follow-up and discharged from the mental health program. (SEC 17. Section 4696.1 (b)(6))

INPATIENT CARE

5. LACDMH and LACRCs will develop a mutually agreed upon procedure by which planning for dually diagnosed clients/consumers admitted to a mental health inpatient facility shall be conducted collaboratively by both LACDMH and LACRCs. This shall commence as soon as possible or as deemed appropriate by the treatment staff. The discharge plan shall include subsequent treatment needs and the agency responsible for those services. (SEC 17. Section 4696.1 (b)(4))

6. LACDMH and LACRCs will develop a mutually agreed upon procedure by which each dually diagnosed client/consumer shall be the subject of a case conference conducted jointly by both LACDMH and LACRCs staff, as soon as possible after

client/consumer-by-client/consumer basis on the presenting diagnosis and medical necessity, as defined by regulation of the State Department of Mental Health, to determine disposition. Once it is determined that the developmentally disabled client/consumer no longer requires mental health treatment, the client/consumer will be referred to the LACRC for follow-up and discharged from the mental health program. (SEC 17. Section 4696.1 (b)(6))

INPATIENT CARE

5. LACDMH and LACRCs will develop a mutually agreed upon procedure by which planning for dually diagnosed clients/consumers admitted to a mental health inpatient facility shall be conducted collaboratively by both LACDMH and LACRCs. This shall commence as soon as possible or as deemed appropriate by the treatment staff. The discharge plan shall include subsequent treatment needs and the agency responsible for those services. (SEC 17. Section 4696.1 (b)(4))

6. LACDMH and LACRCs will develop a mutually agreed upon procedure by which each dually diagnosed client/consumer shall be the subject of a case conference conducted jointly by both LACDMH and LACRCs staff, as soon as possible after admission into a

LACDMH**LACRC**

admission into a county operated or contracted acute inpatient mental health facility. The case conference shall confirm the diagnosis and treatment plan. (SEC 17. Section 4696.1 (b)(3))

CONSULTATION AND TRAINING

7. Mental Health staff shall provide consultation and training to LACRC's staff concerning the recognition of mental disorders in developmentally disabled clients/consumers. Training shall include orientation to the Mental Health System of Care, as well as information related to day programs, residential facilities, and intermediate care facilities. This training shall also include crisis prevention with a focus on proactively recognizing crisis and intervening effectively with clients/consumers who are dually diagnosed. (SEC 17. Section 4696.1 (b)(5))

CONFLICT RESOLUTION

8. When it is unclear which agency should have primary responsibility for the client/consumer, representatives from both LACDMH And LACRC shall complete a joint evaluation. (SEC 17. Section 4696.1 (b)(1)(C))
9. If after the evaluation there are still questions regarding responsibility, the issue will be resolved between LACDMH Departmental

county operated or contracted acute inpatient mental health facility. The case conference shall confirm the diagnosis and treatment plan. (SEC 17. Section 4696.1 (b)(3))

CONSULTATION AND TRAINING

7. The LACRC and LACDMH will develop a mutually agreed upon procedure by which staff shall collaborate to plan and provide training to community services providers, including day programs, residential facilities, and intermediate care facilities regarding effective services to the dually diagnosed. This training shall include crisis prevention with a focus on proactively recognizing crisis and intervening effectively with clients/consumers who are dually diagnosed. (SEC 17. Section 4696.1 (b)(5))

CONFLICT RESOLUTION

8. When it is unclear which agency should have primary responsibility for the clients/consumers, representatives from both LACRCs and LACDMH shall complete a joint evaluation. (SEC 17. Section 4696.1 (b)(1)(C))
9. If after the evaluation there are still questions regarding responsibility, the issue will be resolved between the LACRC Director and LACDMH

LACDMH**LACRC**

**Representative and the LACRC
Director. (SEC 17. Section 4696.1
(b)(1)(C))**

INTERAGENCY COLLABORATION

- 10. The director of the local regional center and the director of the county mental health agency or their designees shall meet as needed, but no less than annually to do all of the following:**
- a. Review the effectiveness of the interagency collaboration;**
 - b. Address any outstanding policy issues between the two agencies;**
 - c. Establish the direction and priorities for ongoing collaboration efforts between the two agencies. (SEC 17. Section 4696.1 (d))**


**Departmental Representative. (SEC 17.
Section 4696.1 (b)(1)(C))**


INTERAGENCY COLLABORATION

- 10. The director of the local regional center and the director of the county mental health agency or their designees shall meet as needed, but no less than annually to do all of the following:**
- a. Review the effectiveness of the interagency collaboration;**
 - b. Address any outstanding policy issues between the two agencies;**
 - c. Establish the direction and priorities for ongoing collaboration efforts between the two agencies. (SEC 17. Section 4696.1 (d))**

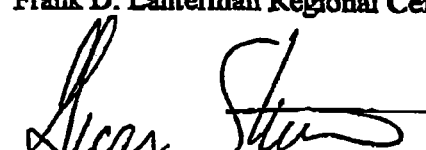
MEMORANDUM OF UNDERSTANDING
LACDMH AND LACRC

This Agreement shall be effective upon execution by all parties and shall remain in effect until either parties provides 30 days notice to the other party of intent to terminate this Agreement.


 6-11-99
Gloria Wong, Director Date
East Los Angeles Regional Center


 6-11-99
Diane Campbell-Anand, Director Date
Frank D. Lanterman Regional Center


 6/23/99
Patricia Del Monico, Director Date
Harbor Regional Center

 6-11-99
George Stevens, Director Date
North Los Angeles Regional Center

 6-11-99
R. Keith Penman, Director Date
San Gabriel/Pomona Regional Center

 6-18-99
Dexter A. Henderson, Director Date
South Central Los Angeles Regional Center

 6-11-99
Michael Danneker, Director Date
Westside Regional Center

 6-30-99
Marvin J. Southard, D.S.W. Date
Director of Mental Health

**ADDENDUM TO
MEMORANDUM OF UNDERSTANDING**

**BETWEEN SELECT REGIONAL CENTERS IN LOS ANGELES COUNTY
AND THE
LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH**

"ADMINISTRATIVE DAYS"

"Regional Center consumers admitted into psychiatric inpatient facilities due to a mental disorder will be the responsibility of the County Mental Health Department. The Regional Center will be notified of their consumers' admissions, when information is available, for participation in discharge planning. Prompt admission notification to Regional Centers is critical to the authorization of any administrative days by the Regional Center. The Mental Health Department will provide psychiatric treatment until there is no further medical necessity for acute inpatient care. Discharge should occur at the conclusion of medically necessary acute inpatient treatment. If placement is delayed the consumer is placed on administrative days. The Mental Health Plan will allow up to four (4) administrative days.

Once it is determined that the Regional Center will be further delayed and/or unable to effect an appropriate placement of the consumer within the four day period, the Regional Center shall assume financial responsibility for continued administrative inpatient stay at the state established administrative day rate. The financial responsibility will be effective only by obtaining prior written authorization from the executive management of the regional center for payment of administrative days. The psychiatric inpatient facility will be instructed to bill the Regional Center directly for these administrative days using the authorization given before the administrative day costs were incurred. Failure to obtain authorization prior to incurring charges for billing will result in no payment from the Regional Center. "

This agreement shall be effective upon execution by all parties and shall remain in effect until either parties provides 30 days notice to the other party of intent to terminate this agreement.

Gloria Wong 6-16-00
Gloria Wong, Director
East Los Angeles Regional Center

Diane Campbell-Anand 6-27-00
Diane Campbell-Anand, Director
Frank D. Lanterman Regional Center

George Stevens 6-16-00
George Stevens, Director
North Los Angeles Regional Center

R. Keith Penman 6-16-00
R. Keith Penman Director
San Gabriel / Pomona Regional Center

Dexter A. Henderson 6-16-00
Dexter A. Henderson, Director
South Central Los Angeles Regional Center

Michael Danneker 6-16-00
Michael Danneker, Director
Westside Regional Center

Marvin J. Southard 6-16-00
Marvin J. Southard, D.S.W.
Director of Mental Health

**OPERATIONAL AGREEMENT (AGREEMENT) BETWEEN THE
COUNTY OF LOS ANGELES (COUNTY) AND
LOS ANGELES REGIONAL CENTERS (REGIONAL CENTER)**

GLOSSARY OF TERMS

Adoption Assistance Program (AAP): A mandatory statewide program that removes or reduces barriers that prevent the adoption of children with special-needs who otherwise would remain in foster care.

Aid for the Adoption of Children (AAC): An adoption assistance program for special-needs children whose assistance agreements were executed prior to October 1, 1982.

Annual Review: Overall review of the client's progress, development, and areas of need over a year's period using a variety of assessment tools for the purpose of Individualized Family Service Plan/Individual Program Plan (IFSP/IPP) development and tracking.

Adult Probation System (APS): Refers to a database system in which case management of adult probationers are tracked as well as reporting probation compliance information to the courts.

Assessment of Developmental Disability: May include collection and review of available historical diagnostic data; provision or procurement of necessary tests and evaluations; and summarization of developmental levels and service needs. (Tests and evaluations may include, but are not limited to, intelligence tests, adaptive functioning tests, neurological and neuropsychological tests, diagnostic tests performed by a physician, and psychiatric tests).

At-Risk of Developmental Disability: Refers to infants and toddlers who are at high risk of having substantial developmental disability due to a combination of biomedical risk factors, the presence of which is diagnosed by qualified clinicians recognized by, or part of, a multidisciplinary team, including parents (See Appendix D).

CAO: Refers to the Chief Administrative Office.

CWS/CMS: Refers to the Child Welfare Service/Case Management System: This is a statewide tool that supports an effective Child Welfare System of services. CWS/CMS allows for a centralized statewide system that provides State or County child welfare workers to share information on child abuse cases. CWS/CMS gives child social workers information to improve casework services.

Calendar Days: Refers to the number of days based on the number of days in a year.

**OPERATIONAL AGREEMENT (AGREEMENT) BETWEEN THE
COUNTY OF LOS ANGELES (COUNTY) AND
LOS ANGELES REGIONAL CENTERS (REGIONAL CENTER)**

Child Abuse Hotline (CAH): The Department of Children and Family Services has a centralized hotline (1-800-540-4000) to report allegations of suspected child abuse, neglect, or abandonment. Mandated reporters may also call to consult or request information.

Child Abuse Reporting Act: Pertains to Penal Code Sections 11166(b) and (g) (1), 11167(d) (1) and (2), 11167.5(a), and 11172(a)-(c). Defines mandated reporter and reporting responsibilities, immunities, and liabilities.

Children's Social Worker (CSW): DCFS caseworker responsible for providing protective and social services to abused and neglected children and their families.

Client/Consumer: A person who has a disability that meets the definition of developmental disability set forth in Welfare and Institutions Code (WIC) 4512 (a).

Cognitive: The ability of an individual to solve problems with insight, to adapt to new situations, to think abstractly and to profit from experience (Section 54002, California Code Regulations).

Community Care Licensing (CCL): Community Care Licensing (CCL) was developed to promote the health, safety, and quality of life of each person in community care through the administration of an effective collaborative regulatory enforcement system. This is done by, promoting strategies to increase voluntary compliance; providing technical assistance to and consulting with care providers; working collaboratively with clients, their families, advocates, care providers, placement agencies, related programs and regulatory agencies and others involved in community care; training staff in all aspects of the licensing process; educating the public about CCL and community care options, and promoting continuous improvement and efficiency throughout the Community Care Licensing system.

Community Placement: Facilities used for the placement of clients from their own homes or from State Developmental Centers, including but not limited to, small family homes, group homes, skilled nursing facilities, intermediate care facilities, and other caregivers.

Court Jurisdiction: Refers to a child that is a ward of the court and the court has jurisdiction over the decisions being made for that child.

**OPERATIONAL AGREEMENT (AGREEMENT) BETWEEN THE
COUNTY OF LOS ANGELES (COUNTY) AND
LOS ANGELES REGIONAL CENTERS (REGIONAL CENTER)**

DCFS Countywide Liaison: Refer to the person responsible for ensuring compliance with the Operational Agreement between DCFS and Regional Centers, as well as the initial contact person from the Regional Center.

DCFS Liaison: Refers to the person responsible for working with the Regional Centers within each SPA regarding children with developmental disabilities.

Department of Child and Family Services (DCFS): The public agency, governed under Los Angeles County, which is responsible for the duties to establish, manage, and advocate a system of services, in partnership with parents, relatives, foster parents, and community agencies. DCFS will ensure that children are safe from abuse, neglect, abandonment, and exploitation.

Department of Mental Health (DMH): The public agency, governed under the Los Angeles County, which is responsible for the duties to establish, manage, and advocate a system of comprehensive mental health services. DMH provides mental health services to children and adults through inpatient and outpatient care treatment.

Delinquent Child: Child under jurisdiction of the Court per WIC 600.

Dependent Child: Child under jurisdiction of the Court per WIC 300.

Deputy Probation Officer (DPO): Oversees the supervision of juveniles/adults who have been adjudicated and or found guilty of a crime and have been placed on formal probation.

Developmental Delay: Term used to describe a significant difference between a child's current level of functioning and the expected level of development for his/her chronological age, as measured by qualified professional(s) using appropriate diagnostic instruments and/or procedures, in one or more of the following developmental areas: cognitive; physical and motor; communication; social and emotional; and adaptive.

Developmental Disability: A disability attributable to mental retardation, cerebral palsy, epilepsy, autism, other conditions similar to mental retardation that require treatment similar to that required by mentally retarded individuals, as specified in Section 54000, Title 17 of the California Code of Regulations. (See Appendix D)

**OPERATIONAL AGREEMENT (AGREEMENT) BETWEEN THE
COUNTY OF LOS ANGELES (COUNTY) AND
LOS ANGELES REGIONAL CENTERS (REGIONAL CENTER)**

Dual-Agency Children: Those minors eligible for both DCFS and Regional Center services, as well as those over the age of 18 who continue to be dependents of the court.

Group Home Support and Development Unit (GHSD Unit): DCFS staff who evaluate the programs, of residential facilities group homes, small family homes, and Foster Family Agencies (FFAs), to determine their suitability for DCFS use.

Individualized Family Service Plan (IFSP): A plan written by Regional Centers for providing services to eligible children (birth to three years of age) and their families; a multidisciplinary assessment jointly developed with family that includes, services to enhance child's development and family's ability to meet child's needs.

Independent Living Program (ILP): Refers to a program offered to children between the ages of 14 – 18 (and sometimes older) that provides information and linkage to services to assist individuals who were once or still are in foster care. Services may include training, education, transportation and job placement.

Individual Program Plan (IPP): A service plan written by RC for providing services to eligible children (three and up) and adults that results from the interdisciplinary assessment of client needs. The IPP is prepared jointly by the planning team and is typically reviewed annually but not less than once every three years. An IPP review can be requested at any time.

Intermediate Care Facility/Developmentally Disabled (ICF/DD): A licensed residential health facility which provides care and support services to people with developmental disabilities whose primary need is for developmental services and who have recurring, but intermittent need for skilled nursing services.

Intermediate Care Facility/Developmentally Disabled-Habilitative (ICF/DD-H): A licensed residential health facility, which has as its primary purpose, provides 24-hour personal care, developmental training, habilitative, and supportive health services in a facility with 15 beds or less to residents with developmental disabilities.

Intermediate Care Facility/Developmentally Disabled-Nursing (ICF/DD-N): A licensed residential health facility which has as its primary purpose provides 24-hour nursing supervision, personal care, and training in habilitative services in a facility with 4 to 15 beds to people who are medically fragile and developmentally disabled, or who demonstrate a significant developmental delay that may lead to a developmental disability if not treated.

**OPERATIONAL AGREEMENT (AGREEMENT) BETWEEN THE
COUNTY OF LOS ANGELES (COUNTY) AND
LOS ANGELES REGIONAL CENTERS (REGIONAL CENTER)**

Jail Liaison: A Regional Center staff assigned to the Men County Jail responsible for notifying the Regional Center that provided case management to the client that has been arrested.

Juvenile Case Management System (JCMS): Refers to a database system in which case management of juvenile probationers is tracked as well as reporting probation compliance information to the courts.

Lanterman Act: Officially known as the Lanterman Development Disability Services Act and related law, as defined by Welfare and Institutions Code Section 4500 through 4846 and the California Early Intervention Services Act, Title 14 Sections 95000 through 95029.

Los Angeles County Men's Central Jail (MCJ): Refers to the Men's Central Jail where inmates are held until their court hearing appearance.

Multi-Assessment Team (MAT): A DCFS multidisciplinary team of professionals that provides a timely comprehensive medical, developmental, and psychological assessment for children initially entering the Child Welfare System.

Out-of-Home Care Evaluation Unit (OHCEU): DCFS staff within the Foster Care Quality Assurance Section who investigate allegations of abuse and neglect of children in out-of-home care.

Part C: Federal Legislation, Individuals with Disabilities Education Act. Part C pertains to those Early Intervention Services, birth to three. In California, the Department of Developmental Services is the lead agency responsible to provide these services to eligible individuals and provides these services through the Regional Center system. The State Department of Education provides services for infants and toddlers who have solely low incidence conditions under Part C.

Probation Department (Probation): The public agency, governed under the Los Angeles County, which is responsible for the duties to establish, manage, and advocate a system of services. Probation oversees the supervision of juveniles/adults who have been adjudicated and or found guilty of a crime and have been placed on formal or informal probation.

Probation Liaison: Refers to the persons responsible for ensuring compliance with the Operational Agreement between Probation and the Regional Centers.

**OPERATIONAL AGREEMENT (AGREEMENT) BETWEEN THE
COUNTY OF LOS ANGELES (COUNTY) AND
LOS ANGELES REGIONAL CENTERS (REGIONAL CENTER)**

Public Health Nurse (PHN): A Department of Health County staff classification that plays a vital role in assuring that the overall health care needs of DCFS or Probation-supervised children are met. PHNs consult with CSWs, DPOs and primary caregivers and will provide in-service training to DCFS, DMH, and Probation staff, and health care providers.

Regional Center (RC): The Los Angeles County Regional Center is a private non-profit corporation that operates under contract with state government to provide support services to developmentally disabled children and adults.

Regional Center Liaison (RC - Liaison): The Los Angeles County Regional Center Liaison to DCFS, DMH, and Probation employed by one regional center to coordinate services by all regional centers throughout Los Angeles County for dual-agency children.

Resource Utilization Management (RUM): DCFS staff assigned to assist case carrying CSWs to locate appropriate placement and meet other service needs for special needs children.

Service Coordinator (SC): Regional Center staff responsible for providing case management services, including but not limited to monitoring, development, coordination of IFSP/IPP, purchase of services, and ongoing assessment.

Service Planning Area (SPA): One of eight (8) geographic areas designated in the County of Los Angeles in which representatives from public and private organizations and individuals collaborate to plan and coordinate services in a culturally sensitive manner to enhance the quality of life for children and families in that area. Offices of DCFS, DMH, or Probation are located within each of the SPAs.

Staffing: Also know as interdisciplinary staffing review, is a formal review of the client's status that is completed at least annually by a team which may include, but is not limited to the Service Coordinator, physician, psychologist, parents, client (as appropriate), supervisor, and program representative.

State Development Center (SDC): These facilities provide services to individuals who have been determined by regional centers to require programs, training, care, treatment and supervision in a structured health facility setting on a 24-hour basis.

**OPERATIONAL AGREEMENT (AGREEMENT) BETWEEN THE
COUNTY OF LOS ANGELES (COUNTY) AND
LOS ANGELES REGIONAL CENTERS (REGIONAL CENTER)**

Supplemental Security Income/State Supplementary Program (SSI/SSP): The combined federal and state benefit program, which provides income for people with disabilities.

Substantial Handicap: A condition, which results in major impairment of cognitive and/or social functioning as defined by Title 17, California Code of Regulations, Section 54001. (Appendix E).

Systems of Care (SOC) (AKA Children's System of Care): A service planning and delivery approach which has been developed in collaboration with County Departments of Children and Family Services, Mental Health, Probation and public school districts. It is a strength-based and family-focused service delivery system, which offers an array of services including intensive in-home support.

Welfare and Institutions Code (WIC) 300: State statute that mandates that any child who comes within the description of abuse, neglect and/or abandonment (as defined by WIC 300) is within the jurisdiction of the juvenile court, which may adjudicate that child to be a dependent of the Court.

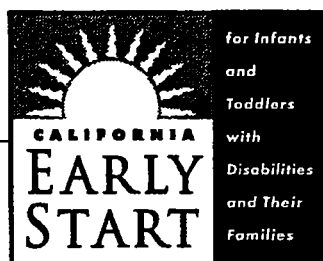
Welfare Institution Code (WIC) 602: Any person who is under the age of 18 years when he or she violates any law of this state or of the United States or any ordinance of any city or county of this state defining crime other than an ordinance establishing a curfew based solely on age, is within the jurisdiction of the juvenile court, which may adjudicate such person to be a ward of the court.

Working Days: Refers to the number of working days in a week.

Wraparound: A planning and service delivery approach, which allows the family to remain intact. Need to identify type (RFP definition), which was developed in collaboration with DCFS, DMH, Probation, the Los Angeles County Office of Education, and community partners.

Part C

Federal Regulations (1999)



34 Code of Federal Regulations
Part 303
Regulations for the Early Intervention Program
for Infants and Toddlers with Disabilities

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come, inner-city, and rural populations.

(Authority: 20 U.S.C. 1431)

[58 FR 40959, July 30, 1993, as amended at 63 FR 18293, Apr. 14, 1998; 64 FR 12535, Mar. 12, 1999]

§303.2 Eligible recipients of an award.

Eligible recipients include the 50 States, the Commonwealth of Puerto Rico, the District of Columbia, the Secretary of the Interior, and the following jurisdictions: Guam, American Samoa, the Virgin Islands, the Commonwealth of the Northern Mariana Islands.

(Authority: 20 U.S.C. 1401(27), 1443)

[58 FR 40959, July 30, 1993, as amended at 63 FR 18293, Apr. 14, 1998]

§303.3 Activities that may be supported under this part.

Funds under this part may be used for the following activities:

(a) To maintain and implement a statewide system of early intervention services for children eligible under this part and their families.

(b) For direct services for eligible children and their families that are not otherwise provided from other public or private sources.

(c) To expand and improve on services for eligible children and their families that are otherwise available, consistent with §303.527.

(d) To provide a free appropriate public education, in accordance with part B of the Act, to children with disabilities from their third birthday to the beginning of the following school year.

(e) To strengthen the statewide system by initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers, including establishing linkages with appropriate public or private community-based organizations, services, and personnel for the purpose of—

(1) Identifying and evaluating at-risk infants and toddlers;

(2) Making referrals of the infants and toddlers identified and evaluated under paragraph (e)(1) of this section; and

(3) Conducting periodic follow-up on each referral under paragraph (e)(2) of this section to determine if the status

Subpart A—General

**PURPOSE, ELIGIBILITY, AND OTHER
GENERAL PROVISIONS**

§303.1 Purpose of the early intervention program for infants and toddlers with disabilities.

The purpose of this part is to provide financial assistance to States to—

(a) Maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families;

(b) Facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage);

(c) Enhance the States' capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and

(d) Enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of historically underrepresented populations, particularly minority, low-in-

Off. of Spec. Educ. and Rehab. Services, Education

§ 303.7

of the infant or toddler involved has changed with respect to the eligibility of the infant or toddler for services under this part.

(Authority: 20 U.S.C. 1433 and 1438)

[58 FR 40959, July 30, 1993, as amended at 63 FR 18293, Apr. 14, 1998]

§ 303.4 Limitation on eligible children.

This part 303 does not apply to any child with disabilities receiving a free appropriate public education, in accordance with 34 CFR part 300, with funds received under 34 CFR part 301.

(Authority: 20 U.S.C. 1419(h))

§ 303.5 Applicable regulations.

(a) The following regulations apply to this part:

(i) The Education Department General Administrative Regulations (EDGAR), including—

(i) Part 76 (State Administered Programs), except for § 76.103;

(ii) Part 77 (Definitions that Apply to Department Regulations);

(iii) Part 79 (Intergovernmental Review of Department of Education Programs and Activities);

(iv) Part 80 (Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments);

(v) Part 81 (Grants and Cooperative Agreements under the General Education Provisions Act—Enforcement);

(vi) Part 82 (New Restrictions on Lobbying); and

(vii) Part 85 (Governmentwide Debarment and Suspension (Nonprocurement) and Governmentwide Requirements for Drug-Free Work Place (Grants)).

(2) The regulations in this part 303.

(3) The following regulations in 34 CFR part 300 (Assistance to States for the Education of Children with Disabilities Program): §§ 300.560–300.577, and §§ 300.580–300.585.

(b) In applying the regulations cited in paragraphs (a)(1) and (a)(3) of this section, any reference to—

(1) *State educational agency* means the lead agency under this part;

(2) *Special education, related services, free appropriate public education, free public education, or education* means

“early intervention services” under this part;

(3) *Participating agency*, when used in reference to a local educational agency or an intermediate educational agency, means a local service provider under this part;

(4) *Section 300.128* means §§ 303.164 and 303.321; and

(5) *Section 300.129* means § 303.460.

(Authority: 20 U.S.C. 1401, 1416, 1417)

[58 FR 40959, July 30, 1993, as amended at 63 FR 18294, Apr. 14, 1998, 64 FR 12535, Mar. 12, 1999]

DEFINITIONS

NOTE: Sections 303.6–303.24 contain definitions, including a definition of “natural environments” in § 303.18, that are used throughout these regulations. Other terms are defined in the specific subparts in which they are used. Below is a list of those terms and the specific sections in which they are defined:

Appropriate professional requirements in the

State (§ 303.361(a)(1))

Assessment (§ 303.322(b)(2))

Consent (§ 303.401(a))

Evaluation (§ 303.322(b)(1))

Frequency and intensity (§ 303.344(d)(2)(i))

Highest requirements in the State applicable

to a profession or discipline (§ 303.361(a)(2))

Individualized family service plan and IFSP

(§ 303.340(b))

Impartial (§ 303.421(b))

Location (§ 303.344(d)(3))

Method (§ 303.344(d)(2)(ii))

Native language (§ 303.401(b))

Personally identifiable (§ 303.401(c))

Primary referral sources (§ 303.321(d)(3))

Profession or discipline (§ 303.361(a)(3))

Special definition of “aggregate amount”

(§ 303.200(b)(1))

Special definition of “infants and toddlers”

(§ 303.200(b)(2))

Special definition of “State” (§ 303.200(b)(3))

State approved or recognized certification,

licensing, registration, or other com-

parable requirements (§ 303.361(a)(4))

§ 303.6 Act.

As used in this part, *Act* means the Individuals with Disabilities Education Act.

(Authority: 20 U.S.C. 1400)

§ 303.7 Children.

As used in this part, *children* means *infants and toddlers with disabilities* as that term is defined in § 303.16.

(Authority: 20 U.S.C. 1432(5))

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§ 303.8 Council.

As used in this part, *Council* means the State Interagency Coordinating Council.

(Authority: 20 U.S.C. 1432(2))

§ 303.9 Days.

As used in this part, *days* means calendar days.

(Authority: 20 U.S.C. 1431-1445)

§ 303.10 Developmental delay.

As used in this part, "developmental delay," when used with respect to an individual residing in a State, has the meaning given to that term under § 303.300.

(Authority: 20 U.S.C. 1432(3))

[64 FR 12535, Mar. 12, 1999]

§ 303.11 Early intervention program.

As used in this part, *early intervention program* means the total effort in a State that is directed at meeting the needs of children eligible under this part and their families.

(Authority: 20 U.S.C. 1431-1445)

§ 303.12 Early intervention services.

(a) *General.* As used in this part, *early intervention services* means services that—

(1) Are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development;

(2) Are selected in collaboration with the parents;

(3) Are provided—

(i) Under public supervision;

(ii) By *qualified personnel*, as defined in § 303.21, including the types of personnel listed in paragraph (e) of this section;

(iii) In conformity with an individualized family service plan; and

(iv) At no cost, unless, subject to § 303.520(b)(3), Federal or State law provides for a system of payments by families, including a schedule of sliding fees; and

(4) Meet the standards of the State, including the requirements of this part.

(b) *Natural environments.* To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.

(c) *General role of service providers.* To the extent appropriate, service providers in each area of early intervention services included in paragraph (d) of this section are responsible for—

(1) Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area;

(2) Training parents and others regarding the provision of those services; and

(3) Participating in the multidisciplinary team's assessment of a child and the child's family, and in the development of integrated goals and outcomes for the individualized family service plan.

(d) *Types of services; definitions.* Following are types of services included under "early intervention services," and, if appropriate, definitions of those services:

(1) *Assistive technology device* means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. *Assistive technology service* means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include—

(i) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;

(ii) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;

(iii) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

(iv) Coordinating and using other therapies, interventions, or services with assistive technology devices, such

as those associated with existing education and rehabilitation plans and programs;

(v) Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and

(vi) Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

(2) *Audiology* includes—

(i) Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;

(ii) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;

(iii) Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;

(iv) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;

(v) Provision of services for prevention of hearing loss; and

(vi) Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

(3) *Family training, counseling, and home visits* means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.

(4) *Health services* (See § 303.13).

(5) *Medical services only for diagnostic or evaluation purposes* means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.

(6) *Nursing services* includes—

(i) The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;

(ii) Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and

(iii) Administration of medications, treatments, and regimens prescribed by a licensed physician.

(7) *Nutrition services* includes—

(i) Conducting individual assessments in—

(A) Nutritional history and dietary intake;

(B) Anthropometric, biochemical, and clinical variables;

(C) Feeding skills and feeding problems; and

(D) Food habits and food preferences;

(ii) Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (d)(7)(i) of this section; and

(iii) Making referrals to appropriate community resources to carry out nutrition goals.

(8) *Occupational therapy* includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include—

(i) Identification, assessment, and intervention;

(ii) Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and

(iii) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

(9) *Physical therapy* includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include—

(i) Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;

(ii) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and

(iii) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

(10) *Psychological services* includes—

(i) Administering psychological and developmental tests and other assessment procedures;

(ii) Interpreting assessment results;

(iii) Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and

(iv) Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

(11) *Service coordination services* means assistance and services provided by a service coordinator to a child eligible under this part and the child's family that are in addition to the functions and activities included under § 303.23.

(12) *Social work services* includes—

(i) Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;

(ii) Preparing a social or emotional developmental assessment of the child within the family context;

(iii) Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;

(iv) Working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and

(v) Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

(13) *Special instruction* includes—

(i) The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;

(ii) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;

(iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and

(iv) Working with the child to enhance the child's development.

(14) *Speech-language pathology* includes—

(i) Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;

(ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and

(iii) Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

(15) *Transportation and related costs* includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under this part and the child's family to receive early intervention services.

(16) *Vision services* means—

(i) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;

(ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and

(iii) Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

(e) *Qualified personnel.* Early intervention services must be provided by qualified personnel, including—

- (1) Audiologists;
- (2) Family therapists;
- (3) Nurses;
- (4) Nutritionists;
- (5) Occupational therapists;
- (6) Orientation and mobility specialists;
- (7) Pediatricians and other physicians;
- (8) Physical therapists;
- (9) Psychologists;
- (10) Social workers;
- (11) Special educators; and
- (12) Speech and language pathologists.

(Authority: 20 U.S.C. 1401(1) and (2); 1432(4))

NOTE: The lists of services in paragraph (d) and qualified personnel in paragraph (e) of this section are not exhaustive. Early intervention services may include such services as the provision of respite and other family support services. Qualified personnel may include such personnel as vision specialists, paraprofessionals, and parent-to-parent support personnel.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18294, Apr. 14, 1998; 64 FR 12535, Mar. 12, 1999]

§ 303.13 Health services.

(a) As used in this part, *health services* means services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services.

(b) The term includes—

- (1) Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
- (2) Consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

(c) The term does not include the following:

- (1) Services that are—
 - (i) Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or
 - (ii) Purely medical in nature (such as hospitalization for management of con-

genital heart ailments, or the prescribing of medicine or drugs for any purpose).

(2) Devices necessary to control or treat a medical condition.

(3) Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

(Authority: 20 U.S.C. 1432(4))

NOTE: The definition in this section distinguishes between the health services that are required under this part and the medical-health services that are not required. The IFSP requirements in subpart D of this part provide that, to the extent appropriate, these other medical-health services are to be included in the IFSP, along with the funding sources to be used in paying for the services or the steps that will be taken to secure the services through public or private sources. Identifying these services in the IFSP does not impose an obligation to provide the services if they are otherwise not required to be provided under this part. (See § 303.344(e) and the note 3 following that section.)

§ 303.14 IFSP.

As used in this part, *IFSP* means the individualized family service plan, as that term is defined in § 303.340(b).

(Authority: 20 U.S.C. 1436)

§ 303.15 Include; including.

As used in this part, *include* or *including* means that the items named are not all of the possible items that are covered whether like or unlike the ones named.

(Authority: 20 U.S.C. 1431-1445)

§ 303.16 Infants and toddlers with disabilities.

(a) As used in this part, *infants and toddlers with disabilities* means individuals from birth through age two who need early intervention services because they—

- (1) Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:

- (i) Cognitive development.
- (ii) Physical development, including vision and hearing.
- (iii) Communication development.
- (iv) Social or emotional development.
- (v) Adaptive development; or

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(2) Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

(b) The term may also include, at a State's discretion, children from birth through age two who are at risk of having substantial developmental delays if early intervention services are not provided.

(Authority: 20 U.S.C. 1432(5))

NOTE 1: The phrase "a diagnosed physical or mental condition that has a high probability of resulting in developmental delay," as used in paragraph (a)(2) of this section, applies to a condition if it typically results in developmental delay. Examples of these conditions include chromosomal abnormalities; genetic or congenital disorders; severe sensory impairments, including hearing and vision; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; disorders secondary to exposure to toxic substances, including fetal alcohol syndrome; and severe attachment disorders.

NOTE 2: With respect to paragraph (b) of this section, children who are at risk may be eligible under this part if a State elects to extend services to that population, even though they have not been identified as disabled.

Under this provision, States have the authority to define who would be "at risk of having substantial developmental delays if early intervention services are not provided." In defining the "at risk" population, States may include well-known biological and environmental factors that can be identified and that place infants and toddlers "at risk" for developmental delay. Commonly cited factors include low birth weight, respiratory distress as a newborn, lack of oxygen, brain hemorrhage, infection, nutritional deprivation, and a history of abuse or neglect. It should be noted that "at risk" factors do not predict the presence of a barrier to development, but they may indicate children who are at higher risk of developmental delay than children without these problems.

§ 303.17 Multidisciplinary.

As used in this part, *multidisciplinary* means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities in § 303.322 and development of the IFSP in § 303.342.

(Authority: 20 U.S.C. 1435(a)(3), 1436(a))

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§ 303.18 Natural environments.

As used in this part, *natural environments* means settings that are natural or normal for the child's age peers who have no disabilities.

(Authority: 20 U.S.C. 1435 and 1436)

[63 FR 18294, Apr. 14, 1998]

§ 303.19 Parent.

(a) *General.* As used in this part, "parent" means—

(1) A natural or adoptive parent of a child;

(2) A guardian;

(3) A person acting in the place of a parent (such as a grandparent or step-parent with whom the child lives, or a person who is legally responsible for the child's welfare); or

(4) A surrogate parent who has been assigned in accordance with § 303.406.

(b) *Foster parent.* Unless State law prohibits a foster parent from acting as a parent, a State may allow a foster parent to act as a parent under Part C of the Act if—

(i) The natural parents' authority to make the decisions required of parents under the Act has been extinguished under State law; and

(2) The foster parent—

(i) Has an ongoing, long-term parental relationship with the child;

(ii) Is willing to make the decisions required of parents under the Act; and

(iii) Has no interest that would conflict with the interests of the child.

(Authority: 20 U.S.C. 1401(19), 1431-1445)

[64 FR 12535, Mar. 12, 1999]

§ 303.20 Policies.

(a) As used in this part, *policies* means State statutes, regulations, Governor's orders, directives by the lead agency, or other written documents that represent the State's position concerning any matter covered under this part.

(b) State policies include—

(1) A State's commitment to maintain the statewide system (see § 303.140);

(2) A State's eligibility criteria and procedures (see § 303.300);

(3) A statement that, consistent with § 303.520(b), provides that services under this part will be provided at no cost to

parents, except where a system of payments is provided for under Federal or State law.

(4) A State's standards for personnel who provide services to children eligible under this part (see § 303.361);

(5) A State's position and procedures related to contracting or making other arrangements with service providers under subpart F of this part; and

(6) Other positions that the State has adopted related to implementing any of the other requirements under this part.

(Authority: 20 U.S.C. 1431-1445)

[58 FR 40959, July 30, 1993. Redesignated and amended at 63 FR 18294, Apr. 14, 1998]

§ 303.21 Public agency.

As used in this part, *public agency* includes the lead agency and any other political subdivision of the State that is responsible for providing early intervention services to children eligible under this part and their families.

(Authority: 20 U.S.C. 1431-1445)

[58 FR 40959, July 30, 1993. Redesignated at 63 FR 18294, Apr. 14, 1998]

§ 303.22 Qualified.

As used in this part, *qualified* means that a person has met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention services.

(Authority: 20 U.S.C. 1432(4))

NOTE: These regulations contain the following provisions relating to a State's responsibility to ensure that personnel are qualified to provide early intervention services:

1. Section 303.12(a)(4) provides that early intervention services must meet State standards. This provision implements a requirement that is similar to a longstanding provision under part B of the Act (i.e., that the State educational agency establish standards and ensure that those standards are currently met for all programs providing special education and related services).

2. Section 303.12(a)(3)(ii) provides that early intervention services must be provided by qualified personnel.

3. Section 303.361(b) requires statewide systems to have policies and procedures relating to personnel standards.

[58 FR 40959, July 30, 1993. Redesignated at 63 FR 18294, Apr. 14, 1998]

§ 303.23 Service coordination (case management).

(a) *General.* (1) As used in this part, except in § 303.12(d)(11), *service coordination* means the activities carried out by a service coordinator to assist and enable a child eligible under this part and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program.

(2) Each child eligible under this part and the child's family must be provided with one service coordinator who is responsible for—

(i) Coordinating all services across agency lines; and

(ii) Serving as the single point of contact in helping parents to obtain the services and assistance they need.

(3) Service coordination is an active, ongoing process that involves—

(i) Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;

(ii) Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;

(iii) Facilitating the timely delivery of available services; and

(iv) Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

(b) *Specific service coordination activities.* Service coordination activities include—

(1) Coordinating the performance of evaluations and assessments;

(2) Facilitating and participating in the development, review, and evaluation of individualized family service plans;

(3) Assisting families in identifying available service providers;

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(4) Coordinating and monitoring the delivery of available services;

(5) Informing families of the availability of advocacy services;

(6) Coordinating with medical and health providers; and

(7) Facilitating the development of a transition plan to preschool services, if appropriate.

(c) *Employment and assignment of service coordinators.* (1) Service coordinators may be employed or assigned in any way that is permitted under State law, so long as it is consistent with the requirements of this part.

(2) A State's policies and procedures for implementing the statewide system of early intervention services must be designed and implemented to ensure that service coordinators are able to effectively carry out on an interagency basis the functions and services listed under paragraphs (a) and (b) of this section.

(d) *Qualifications of service coordinators.* Service coordinators must be persons who, consistent with § 303.344(g), have demonstrated knowledge and understanding about—

(1) Infants and toddlers who are eligible under this part;

(2) Part C of the Act and the regulations in this part; and

(3) The nature and scope of services available under the State's early intervention program, the system of payments for services in the State, and other pertinent information.

(Authority: 20 U.S.C. 1432(4))

NOTE 1: If States have existing service coordination systems, the States may use or adapt those systems, so long as they are consistent with the requirements of this part.

NOTE 2: The legislative history of the 1991 amendments to the Act indicates that the use of the term "service coordination" was not intended to affect the authority to seek reimbursement for services provided under Medicaid or any other legislation that makes reference to "case management" services. See H.R. Rep. No. 198, 102d Cong., 1st Sess. 12 (1991); S. Rep. No. 84, 102d Cong., 1st Sess. 20 (1991).

[58 FR 40959, July 30, 1993. Redesignated at 63 FR 18294, Apr. 14, 1998]

§ 303.24 State.

Except as provided in § 303.200(b)(3), *State* means each of the 50 States, the Commonwealth of Puerto Rico, the

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District of Columbia, and the jurisdictions of Guam, American Samoa, the Virgin Islands, the Commonwealth of the Northern Mariana Islands.

(Authority: 20 U.S.C. 1401(27))

[58 FR 40959, July 30, 1993. Redesignated and amended at 63 FR 18294, Apr. 14, 1998]

§ 303.25 EDGAR definitions that apply.

The following terms used in this part are defined in 34 CFR 77.1:

Applicant
Award
Contract
Department
EDGAR
Fiscal year
Grant
Grantee
Grant period
Private
Public
Secretary

(Authority: 20 U.S.C. 1431-1445)

[58 FR 40959, July 30, 1993. Redesignated at 63 FR 18294, Apr. 14, 1998]

Subpart B—State Application for a Grant

GENERAL REQUIREMENTS

§ 303.100 Conditions of assistance.

(a) In order to receive funds under this part for any fiscal year, a State must have—

(1) An approved application that contains the information required in this part, including—

(i) The information required in §§ 303.140 through 303.148; and

(ii) The information required in §§ 303.161 through 303.176; and

(2) The statement of assurances required under §§ 303.120 through 303.128, on file with the Secretary.

(b) If a State has on file with the Secretary a policy, procedure, or assurance that demonstrates that the State meets an application requirement, including any policy or procedure filed under this part before July 1, 1998, that meets such a requirement, the Secretary considers the State to have met that requirement for purposes of receiving a grant under this part.

(c) An application that meets the requirements of this part remains in

zeffect until the State submits to the Secretary modifications of that application.

(d) The Secretary may require a State to modify its application under this part to the extent necessary to ensure the State's compliance with this part if—

- (1) An amendment is made to the Act, or to a regulation under this part;
- (2) A new interpretation is made of the Act by a Federal court or the State's highest court; or
- (3) An official finding of noncompliance with Federal law or regulations is made with respect to the State.

(Authority: 20 U.S.C. 1434 and 1437)

[63 FR 18294, Apr. 14, 1998, as amended at 64 FR 12535, Mar. 12, 1999]

§ 303.101 How the Secretary disapproves a State's application or statement of assurances.

The Secretary follows the procedures in 34 CFR 300.581 through 300.586 before disapproving a State's application or statement of assurances submitted under this part.

(Authority: 20 U.S.C. 1437)

PUBLIC PARTICIPATION

§ 303.110 General requirements and timelines for public participation.

(a) Before submitting to the Secretary its application under this part, and before adopting a new or revised policy that is not in its current application, a State shall—

- (1) Publish the application or policy in a manner that will ensure circulation throughout the State for at least a 60-day period, with an opportunity for comment on the application or policy for at least 30 days during that period;
- (2) Hold public hearings on the application or policy during the 60-day period required in paragraph (a)(1) of this section; and
- (3) Provide adequate notice of the hearings required in paragraph (a)(2) of this section at least 30 days before the dates that the hearings are conducted.

(b) A State may request the Secretary to waive compliance with the timelines in paragraph (a) of this section. The Secretary grants the request if the State demonstrates that—

(1) There are circumstances that would warrant such an exception; and

(2) The timelines that will be followed provide an adequate opportunity for public participation and comment.

(Authority: 20 U.S.C. 1437(a)(3))

§ 303.111 Notice of public hearings and opportunity to comment.

The notice required in § 303.110(a)(3) must—

- (a) Be published in newspapers or announced in other media, or both, with coverage adequate to notify the general public, including individuals with disabilities and parents of infants and toddlers with disabilities, throughout the State about the hearings and opportunity to comment on the application or policy; and
- (b) Be in sufficient detail to inform the public about—

(1) The purpose and scope of the State application or policy, and its relationship to part C of the Act;

(2) The length of the comment period and the date, time, and location of each hearing; and

(3) The procedures for providing oral comments or submitting written comments.

(Authority: 20 U.S.C. 1437(a)(7))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18294, Apr. 14, 1998]

§ 303.112 Public hearings.

Each State shall hold public hearings in a sufficient number and at times and places that afford interested parties throughout the State a reasonable opportunity to participate.

(Authority: 20 U.S.C. 1437(a)(7))

§ 303.113 Reviewing public comments received.

(a) *Review of comments.* Before adopting its application, and before the adoption of a new or revised policy not in the application, the lead agency shall—

(1) Review and consider all public comments; and

(2) Make any modifications it deems necessary in the application or policy.

(b) *Submission to the Secretary.* In submitting the State's application or policy to the Secretary, the lead agency shall include copies of news releases.

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advertisements, and announcements used to provide notice to the general public, including individuals with disabilities and parents of infants and toddlers with disabilities.

(Authority: 20 U.S.C. 1437(a)(7))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18294, Apr. 14, 1998]

STATEMENT OF ASSURANCES

§ 303.120 General.

(a) A State's statement of assurances must contain the information required in §§ 303.121 through 303.128.

(b) Unless otherwise required by the Secretary, the statement is submitted only once, and remains in effect throughout the term of a State's participation under this part.

(c) A State may submit a revised statement of assurances if the statement is consistent with the requirements in §§ 303.121 through 303.128.

(Authority: 20 U.S.C. 1437(b))

§ 303.121 Reports and records.

The statement must provide for—

(a) Making reports in such form and containing such information as the Secretary may require; and

(b) Keeping such records and affording such access to those records as the Secretary may find necessary to assure compliance with the requirements of this part, the correctness and verification of reports, and the proper disbursement of funds provided under this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(b)(4))

§ 303.122 Control of funds and property.

The statement must provide assurance satisfactory to the Secretary that—

(a) The control of funds provided under this part, and title to property acquired with those funds, will be in a public agency for the uses and purposes provided in this part; and

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(b) A public agency will administer the funds and property.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(b)(3))

§ 303.123 Prohibition against commingling.

The statement must include an assurance satisfactory to the Secretary that funds made available under this part will not be commingled with State funds.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(b)(5)(A))

NOTE: As used in this part, *commingle* means depositing or recording funds in a general account without the ability to identify each specific source of funds for any expenditure. Under that general definition, it is clear that commingling is prohibited. However, to the extent that the funds from each of a series of Federal, State, local, and private funding sources can be identified—with a clear audit trail for each source—it is appropriate for those funds to be consolidated for carrying out a common purpose. In fact, a State may find it essential to set out a funding plan that incorporates, and accounts for, all sources of funds that can be targeted on a given activity or function related to the State's early intervention program.

Thus, the assurance in this section is satisfied by the use of an accounting system that includes an "audit trail" of the expenditure of funds awarded under this part. Separate bank accounts are not required.

§ 303.124 Prohibition against supplanting.

(a) The statement must include an assurance satisfactory to the Secretary that Federal funds made available under this part will be used to supplement the level of State and local funds expended for children eligible under this part and their families and in no case to supplant those State and local funds.

(b) To meet the requirement in paragraph (a) of this section, the total amount of State and local funds budgeted for expenditures in the current fiscal year for early intervention services for children eligible under this part and their families must be at least equal to the total amount of State and local

funds actually expended for early intervention services for these children and their families in the most recent preceding fiscal year for which the information is available. Allowance may be made for—

(1) Decreases in the number of children who are eligible to receive early intervention services under this part; and

(2) Unusually large amounts of funds expended for such long-term purposes as the acquisition of equipment and the construction of facilities.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(b)(5)(B))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18294, Apr. 14, 1998]

§ 303.125 Fiscal control.

The statement must provide assurance satisfactory to the Secretary that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(b)(6))

§ 303.126 Payor of last resort.

The statement must include an assurance satisfactory to the Secretary that the State will comply with the provisions in § 303.527, including the requirements on—

- (a) Nonsubstitution of funds; and
- (b) Non-reduction of other benefits.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(b)(2))

§ 303.127 Assurance regarding expenditure of funds.

The statement must include an assurance satisfactory to the Secretary that the funds paid to the State under this part will be expended in accordance with the provisions of this part, including the requirements in § 303.3.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(b)(1))

§ 303.128 Traditionally underserved groups.

The statement must include an assurance satisfactory to the Secretary that policies and practices have been adopted to ensure—

(a) That traditionally underserved groups, including minority, low-income, and rural families, are meaningfully involved in the planning and implementation of all the requirements of this part; and

(b) That these families have access to culturally competent services within their local geographical areas.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(b)(7))

GENERAL REQUIREMENTS FOR A STATE APPLICATION

§ 303.140 General.

A State's application under this part must contain information and assurances demonstrating to the satisfaction of the Secretary that—

(a) The statewide system of early intervention services required in this part is in effect; and

(b) A State policy is in effect that ensures that appropriate early intervention services are available to all infants and toddlers with disabilities in the State and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State.

(Authority: 20 U.S.C. 1434 and 1435(a)(2))

[63 FR 18294, Apr. 14, 1998, as amended at 64 FR 12535, Mar. 12, 1999]

§ 303.141 Information about the Council.

Each application must include information demonstrating that the State has established a State Interagency Coordinating Council that meets the requirements of subpart G of this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(a)(3))

§ 303.142 Designation of lead agency.

Each application must include a designation of the lead agency in the

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State that will be responsible for the administration of funds provided under this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(a)(1))

§ 303.143 Designation regarding financial responsibility.

Each application must include a designation by the State of an individual or entity responsible for assigning financial responsibility among appropriate agencies.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(a)(2))

§ 303.144 Assurance regarding use of funds.

Each application must include an assurance that funds received under this part will be used to assist the State to maintain and implement the statewide system required under subparts D through F of this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1475, 1437(a)(3))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18294, Apr. 14, 1998]

§ 303.145 Description of use of funds.

(a) *General.* Each application must include a description of how a State proposes to use its funds under this part for the fiscal year or years covered by the application. The description must be presented separately for the lead agency and the Council, and include the information required in paragraphs (b) through (e) of this section.

(b) *Administrative positions.* Each application must include—

(1) A list of administrative positions, with salaries, and a description of the duties for each person whose salary is paid in whole or in part with funds awarded under this part; and

(2) For each position, the percentage of salary paid with those funds.

(c) *Maintenance and implementation activities.* Each application must include—

(1) A description of the nature and scope of each major activity to be carried out under this part in maintaining

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and implementing the statewide system of early intervention services; and

(2) The approximate amount of funds to be spent for each activity.

(d) *Direct services.* (i) Each application must include a description of any direct services that the State expects to provide to eligible children and their families with funds under this part, including a description of any services provided to at-risk infants and toddlers as defined in § 303.16(b), and their families, consistent with §§ 303.521 and 303.527.

(2) The description must include information about each type of service to be provided, including—

(i) A summary of the methods to be used to provide the service (e.g., contracts or other arrangements with specified public or private organizations); and

(ii) The approximate amount of funds under this part to be used for the service.

(e) *At-risk infants and toddlers.* For any State that does not provide direct services for at-risk infants and toddlers described in paragraph (d)(1) of this section, but chooses to use funds as described in § 303.3(e), each application must include a description of how those funds will be used.

(f) *Activities by other agencies.* If other agencies are to receive funds under this part, the application must include—

(1) The name of each agency expected to receive funds;

(2) The approximate amount of funds each agency will receive; and

(3) A summary of the purposes for which the funds will be used.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(a)(3) and (a)(5))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18294, Apr. 14, 1998; 64 FR 12535, Mar. 12, 1999]

§ 303.146 Information about public participation.

Each application must include the information on public participation that is required in § 303.113(b).

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(a)(7))

§303.147 Services to all geographic areas.

Each application must include a description of the procedure used to ensure that resources are made available under this part for all geographic areas within the State.

(Authority: 20 U.S.C. 1437(a)(6))
[63 FR 18294, Apr. 14, 1998]

§303.148 Transition to preschool programs.

Each application must include a description of the policies and procedures to be used to ensure a smooth transition for children receiving early intervention services under this part to preschool or other appropriate services, including—

- (a) A description of how the families will be included in the transition plans;
- (b) A description of how the lead agency under this part will—

- (1) Notify the local educational agency for the area in which the child resides that the child will shortly reach the age of eligibility for preschool services under Part B of the Act, as determined in accordance with State law;

- (2)(i) In the case of a child who may be eligible for preschool services under Part B of the Act, with the approval of the family of the child, convene a conference among the lead agency, the family, and the local educational agency at least 90 days, and at the discretion of the parties, up to 6 months, before the child is eligible for the preschool services, to discuss any services that the child may receive; or

- (ii) In the case of a child who may not be eligible for preschool services under Part B of the Act, with the approval of the family, make reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for children who are not eligible for preschool services under Part B, to discuss the appropriate services that the child may receive;

- (3) Review the child's program options for the period from the child's third birthday through the remainder of the school year; and

- (4) Establish a transition plan; and

(c) If the State educational agency, which is responsible for administering preschool programs under part B of the Act, is not the lead agency under this part, an interagency agreement between the two agencies to ensure coordination on transition matters.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1437(a)(8))

NOTE: Among the matters that should be considered in developing policies and procedures to ensure a smooth transition of children from one program to the other are the following:

- The financial responsibilities of all appropriate agencies.
- The responsibility for performing evaluations of children.
- The development and implementation of an individualized education program ("IEP") or an individualized family service plan ("IFSP") for each child, consistent with the requirements of law (see §303.344(h) and sections 612(a)(9) of the Act).
- The coordination of communication between agencies and the child's family.
- The mechanisms to ensure the uninterrupted provision of appropriate services to the child.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18294, Apr. 14, 1998]

**COMPONENTS OF A STATEWIDE SYSTEM—
APPLICATION REQUIREMENTS**

§303.160 Minimum components of a statewide system.

Each application must address the minimum components of a statewide system of coordinated, comprehensive, multidisciplinary, interagency programs providing appropriate early intervention services to all infants and toddlers with disabilities and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State. The minimum components of a statewide system are described in §§303.161 through 303.176.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a), 1437(a)(9))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

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§ 303.161 State definition of developmental delay.

Each application must include the State's definition of "developmental delay," as described in § 303.300.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(1))

§ 303.162 Central directory.

Each application must include information and assurances demonstrating to the satisfaction of the Secretary that the State has developed a central directory of information that meets the requirements in § 303.301.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(7))

§ 303.163 [Reserved]

§ 303.164 Public awareness program.

Each application must include information and assurances demonstrating to the satisfaction of the Secretary that the State has established a public awareness program that meets the requirements in § 303.320.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(6))

§ 303.165 Comprehensive child find system.

Each application must include—

(a) The policies and procedures required in § 303.321(b);

(b) Information demonstrating that the requirements on coordination in § 303.321(c) are met;

(c) The referral procedures required in § 303.321(d), and either—

(1) A description of how the referral sources are informed about the procedures; or

(2) A copy of any memorandum or other document used by the lead agency to transmit the procedures to the referral sources; and

(d) The timelines in § 303.321(e).

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(5))

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§ 303.166 Evaluation, assessment, and nondiscriminatory procedures.

Each application must include information to demonstrate that the requirements in §§ 303.322 and 303.323 are met.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(3); 1436(a)(1), (d)(2), and (d)(3))

§ 303.167 Individualized family service plans.

Each application must include—

(a) An assurance that a current IFSP is in effect and implemented for each eligible child and the child's family;

(b) Information demonstrating that—

(1) The State's procedures for developing, reviewing, and evaluating IFSPs are consistent with the requirements in §§ 303.340, 303.342, 303.343 and 303.345; and

(2) The content of IFSPs used in the State is consistent with the requirements in § 303.344; and

(c) Policies and procedures to ensure that—

(1) To the maximum extent appropriate, early intervention services are provided in natural environments; and

(2) The provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(4), 1436(d))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

§ 303.168 Comprehensive system of personnel development (CSPD).

Each application must include information to show that the requirements in § 303.360(b) are met.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(8))

§ 303.169 Personnel standards.

(a) Each application must include policies and procedures that are consistent with the requirements in § 303.361.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(9))

§ 303.170 Procedural safeguards.

Each application must include procedural safeguards that—

(a) Are consistent with §§ 303.400 through 303.406, 303.419 through 303.425 and 303.460; and

(b) Incorporate either—

(1) The due process procedures in 34 CFR 300.506 through 300.512; or

(2) The procedures that the State has developed to meet the requirements in §§ 303.419, 303.420(b) and 303.421 through 303.425.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(13))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

§ 303.171 Supervision and monitoring of programs.

Each application must include information to show that the requirements in § 303.501 are met.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(10)(A))

§ 303.172 Lead agency procedures for resolving complaints.

Each application must include procedures that are consistent with the requirements in §§ 303.510 through 303.512.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(10))

§ 303.173 Policies and procedures related to financial matters.

Each application must include—

(a) Funding policies that meet the requirements in §§ 303.520 and 303.521;

(b) Information about funding sources, as required in § 303.522;

(c) Procedures to ensure the timely delivery of services, in accordance with § 303.525; and

(d) A procedure related to the timely reimbursement of funds under this part, in accordance with §§ 303.527(b) and 303.528.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(10) (D) and (E), 1435(a)(12), 1440)

§ 303.174 Interagency agreements; resolution of individual disputes.

Each application must include—

(a) A copy of each interagency agreement that has been developed under § 303.523; and

(b) Information to show that the requirements in § 303.524 are met.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(10) (E) and (F))

§ 303.175 Policy for contracting or otherwise arranging for services.

Each application must include a policy that meets the requirements in § 303.526.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(11))

§ 303.176 Data collection.

Each application must include procedures that meet the requirements in § 303.540.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(14))

PARTICIPATION BY THE SECRETARY OF THE INTERIOR

§ 303.180 Payments to the Secretary of the Interior for Indian tribes and tribal organizations.

(a) The Secretary makes payments to the Secretary of the Interior for the coordination of assistance in the provision of early intervention services by the States to infants and toddlers with disabilities and their families on reservations served by elementary and secondary schools for Indian children operated or funded by the Department of the Interior.

(b)(1) The Secretary of the Interior shall distribute payments under this part to tribes or tribal organizations

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(as defined under section 4 of the Indian Self-Determination and Education Assistance Act), or combinations of those entities, in accordance with section 684(b) of the Act.

(2) A tribe or tribal organization is eligible to receive a payment under this section if the tribe is on a reservation that is served by an elementary or secondary school operated or funded by the Bureau of Indian Affairs ("BIA").

(c)(1) Within 90 days after the end of each fiscal year the Secretary of the Interior shall provide the Secretary with a report on the payments distributed under this section.

(2) The report must include—

(i) The name of each tribe, tribal organization, or combination of those entities that received a payment for the fiscal year;

(ii) The amount of each payment; and

(iii) The date of each payment.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1443(b))

Subpart C—Procedures for Making Grants to States

§ 303.200 Formula for State allocations.

(a) For each fiscal year, from the aggregate amount of funds available under this part for distribution to the States, the Secretary allots to each State an amount that bears the same ratio to the aggregate amount as the number of infants and toddlers in the State bears to the number of infants and toddlers in all States.

(b) For the purpose of allotting funds to the States under paragraph (a) of this section—

(1) *Aggregate amount* means the amount available for distribution to the States after the Secretary determines the amount of payments to be made to the Secretary of the Interior under § 303.203 and to the jurisdictions under § 303.204;

(2) *Infants and toddlers* means children from birth through age two in the general population, based on the most

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recent satisfactory data as determined by the Secretary; and

(3) *State* means each of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico.

(Authority: 20 U.S.C. 1443(c))

§ 303.201 Distribution of allotments from non-participating States.

If a State elects not to receive its allotment, the Secretary reallots those funds among the remaining States, in accordance with § 303.200(a).

(Authority: 20 U.S.C. 1443(d))

§ 303.202 Minimum grant that a State may receive.

No State receives less than 0.5 percent of the aggregate amount available under § 303.200 or \$500,000, whichever is greater.

(Authority: 20 U.S.C. 1443(c)(2))

§ 303.203 Payments to the Secretary of the Interior.

The amount of the payment to the Secretary of the Interior under § 303.180 for any fiscal year is 1.25 percent of the aggregate amount available to States after the Secretary determines the amount of payments to be made to the jurisdictions under § 303.204.

(Authority: 20 U.S.C. 1443(b))

§ 303.204 Payments to the jurisdictions.

(a) From the sums appropriated to carry out this part for any fiscal year, the Secretary may reserve up to 1 percent for payments to the jurisdictions listed in § 303.2 in accordance with their respective needs.

(b) The provisions of Pub. L. 95-134, permitting the consolidation of grants to the outlying areas, do not apply to funds provided under paragraph (a) of this section.

(Authority: 20 U.S.C. 1443(a))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

34CFR303, Regulations for Early Intervention Program for Infants and Toddlers With Disabilities, Subparts D, E, F, and G (Part C of IDEA)

Off. of Spec. Educ. and Rehab. Services, Education

§ 303.320

Subpart D—Program and Service Components of a Statewide System of Early Intervention Services

GENERAL

§ 303.300 State eligibility criteria and procedures.

Each statewide system of early intervention services must include the eligibility criteria and procedures, consistent with § 303.16, that will be used by the State in carrying out programs under this part.

(a) The State shall define *developmental delay* by—

(1) Describing, for each of the areas listed in § 303.16(a)(1), the procedures, including the use of informed clinical opinion, that will be used to measure a child's development; and

(2) Stating the levels of functioning or other criteria that constitute a developmental delay in each of those areas.

(b) The State shall describe the criteria and procedures, including the use of informed clinical opinion, that will be used to determine the existence of a condition that has a high probability of resulting in developmental delay under § 303.16(a)(2).

(c) If the State elects to include in its system children who are at risk under § 303.16(b), the State shall describe the criteria and procedures, including the use of informed clinical opinion, that will be used to identify those children.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1432(5), 1435(a)(1))

NOTE: Under this section and § 303.322(c)(2), States are required to ensure that informed clinical opinion is used in determining a child's eligibility under this part. Informed clinical opinion is especially important if there are no standardized measures, or if the standardized procedures are not appropriate for a given age or developmental area. If a given standardized procedure is considered to be appropriate, a State's criteria could include percentiles or percentages of levels of functioning on standardized measures.

§ 303.301 Central directory.

(a) Each system must include a central directory of information about—

(1) Public and private early intervention services, resources, and experts available in the State;

(2) Research and demonstration projects being conducted in the State; and

(3) Professional and other groups that provide assistance to children eligible under this part and their families.

(b) The information required in paragraph (a) of this section must be in sufficient detail to—

(1) Ensure that the general public will be able to determine the nature and scope of the services and assistance available from each of the sources listed in the directory; and

(2) Enable the parent of a child eligible under this part to contact, by telephone or letter, any of the sources listed in the directory.

(c) The central directory must be—

(1) Updated at least annually; and

(2) Accessible to the general public.

(d) To meet the requirements in paragraph (c)(2) of this section, the lead agency shall arrange for copies of the directory to be available—

(1) In each geographic region of the State, including rural areas; and

(2) In places and a manner that ensure accessibility by persons with disabilities.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(7))

NOTE: Examples of appropriate groups that provide assistance to eligible children and their families include parent support groups and advocate associations.

IDENTIFICATION AND EVALUATION

§ 303.320 Public awareness program.

Each system must include a public awareness program that focuses on the early identification of children who are eligible to receive early intervention services under this part and includes the preparation and dissemination by the lead agency to all primary referral sources, especially hospitals and physicians, of materials for parents on the availability of early intervention services. The public awareness program must provide for informing the public about—

(a) The State's early intervention program;

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- (b) The child find system, including—
 - (1) The purpose and scope of the system;
 - (2) How to make referrals; and
 - (3) How to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services; and
- (c) The central directory.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(6))

NOTE 1: An effective public awareness program is one that does the following:

1. Provides a continuous, ongoing effort that is in effect throughout the State, including rural areas;
2. Provides for the involvement of, and communication with, major organizations throughout the State that have a direct interest in this part, including public agencies at the State and local level, private providers, professional associations, parent groups, advocate associations, and other organizations;
3. Has coverage broad enough to reach the general public, including those who have disabilities; and
4. Includes a variety of methods for informing the public about the provisions of this part.

NOTE 2: Examples of methods for informing the general public about the provisions of this part include: (1) Use of television, radio, and newspaper releases, (2) pamphlets and posters displayed in doctors' offices, hospitals, and other appropriate locations, and (3) the use of a toll-free telephone service.

[58 FR 40958, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

§ 303.321 Comprehensive child find system.

(a) *General.* (1) Each system must include a comprehensive child find system that is consistent with part B of the Act (see 34 CFR 300.128), and meets the requirements of paragraphs (b) through (e) of this section.

(2) The lead agency, with the advice and assistance of the Council, shall be responsible for implementing the child find system.

(b) *Procedures.* The child find system must include the policies and procedures that the State will follow to ensure that—

(1) All infants and toddlers in the State who are eligible for services under this part are identified, located, and evaluated; and

(2) An effective method is developed and implemented to determine which children are receiving needed early intervention services.

(c) *Coordination.* (1) The lead agency, with the assistance of the Council, shall ensure that the child find system under this part is coordinated with all other major efforts to locate and identify children conducted by other State agencies responsible for administering the various education, health, and social service programs relevant to this part, tribes and tribal organizations that receive payments under this part, and other tribes and tribal organizations as appropriate, including efforts in the—

(i) Program authorized under part B of the Act;

(ii) Maternal and Child Health program under title V of the Social Security Act;

(iii) Early Periodic Screening, Diagnosis and Treatment (EPSDT) program under title XIX of the Social Security Act;

(iv) Developmental Disabilities Assistance and Bill of Rights Act;

(v) Head Start Act; and

(vi) Supplemental Security Income program under title XVI of the Social Security Act.

(2) The lead agency, with the advice and assistance of the Council, shall take steps to ensure that—

(i) There will not be unnecessary duplication of effort by the various agencies involved in the State's child find system under this part; and

(ii) The State will make use of the resources available through each public agency in the State to implement the child find system in an effective manner.

(d) *Referral procedures.* (1) The child find system must include procedures for use by primary referral sources for referring a child to the appropriate public agency within the system for—

(i) Evaluation and assessment, in accordance with §§ 303.322 and 303.323; or

(ii) As appropriate, the provision of services, in accordance with § 303.342(a) or § 303.345.

(2) The procedures required in paragraph (b)(1) of this section must—

(i) Provide for an effective method of making referrals by primary referral sources;

(ii) Ensure that referrals are made no more than two working days after a child has been identified; and

(iii) Include procedures for determining the extent to which primary referral sources, especially hospitals and physicians, disseminate the information, as described in § 303.320, prepared by the lead agency on the availability of early intervention services to parents of infants and toddlers with disabilities.

(3) As used in paragraph (d)(1) of this section, *primary referral sources* includes—

(i) Hospitals, including prenatal and postnatal care facilities;

(ii) Physicians;

(iii) Parents;

(iv) Day care programs;

(v) Local educational agencies;

(vi) Public health facilities;

(vii) Other social service agencies; and

(viii) Other health care providers.

(e) *Timelines for public agencies to act on referrals.* (1) Once the public agency receives a referral, it shall appoint a service coordinator as soon as possible.

(2) Within 45 days after it receives a referral, the public agency shall—

(i) Complete the evaluation and assessment activities in § 303.322; and

(ii) Hold an IFSP meeting, in accordance with § 303.342.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1432(4)(E)(vii), 1435(a)(5))

NOTE: In developing the child find system under this part, States should consider (1) tracking systems based on high-risk conditions at birth, and (2) other activities that are being conducted by various agencies or organizations in the State.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

§ 303.322 Evaluation and assessment.

(a) *General.* (1) Each system must include the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, and a family-directed identification of the needs

of each child's family to appropriately assist in the development of the child.

(2) The lead agency shall be responsible for ensuring that the requirements of this section are implemented by all affected public agencies and service providers in the State.

(b) *Definitions of evaluation and assessment.* As used in this part—

(1) *Evaluation* means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of "infants and toddlers with disabilities" in § 303.16, including determining the status of the child in each of the developmental areas in paragraph (c)(3)(ii) of this section.

(2) *Assessment* means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under this part to identify—

(i) The child's unique strengths and needs and the services appropriate to meet those needs; and

(ii) The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

(c) *Evaluation and assessment of the child.* The evaluation and assessment of each child must—

(1) Be conducted by personnel trained to utilize appropriate methods and procedures;

(2) Be based on informed clinical opinion; and

(3) Include the following:

(i) A review of pertinent records related to the child's current health status and medical history.

(ii) An evaluation of the child's level of functioning in each of the following developmental areas:

(A) Cognitive development.

(B) Physical development, including vision and hearing.

(C) Communication development.

(D) Social or emotional development.

(E) Adaptive development.

(iii) An assessment of the unique needs of the child in terms of each of the developmental areas in paragraph (c)(3)(ii) of this section, including the

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identification of services appropriate to meet those needs.

(d) *Family assessment.* (1) Family assessments under this part must be family-directed and designed to determine the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.

(2) Any assessment that is conducted must be voluntary on the part of the family.

(3) If an assessment of the family is carried out, the assessment must—

(i) Be conducted by personnel trained to utilize appropriate methods and procedures;

(ii) Be based on information provided by the family through a personal interview; and

(iii) Incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development.

(e) *Timelines.* (1) Except as provided in paragraph (e)(2) of this section, the evaluation and initial assessment of each child (including the family assessment) must be completed within the 45-day time period required in § 303.321(e).

(2) The lead agency shall develop procedures to ensure that in the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g., if a child is ill), public agencies will—

(i) Document those circumstances; and

(ii) Develop and implement an interim IFSP, to the extent appropriate and consistent with § 303.345 (b)(1) and (b)(2).

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(3); 1436 (a)(1), (a)(2), (d)(1), and (d)(2))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

§ 303.323 Nondiscriminatory procedures.

Each lead agency shall adopt nondiscriminatory evaluation and assessment procedures. The procedures must provide that public agencies responsible for the evaluation and assessment

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of children and families under this part shall ensure, at a minimum, that—

(a) Tests and other evaluation materials and procedures are administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so;

(b) Any assessment and evaluation procedures and materials that are used are selected and administered so as not to be racially or culturally discriminatory;

(c) No single procedure is used as the sole criterion for determining a child's eligibility under this part; and

(d) Evaluations and assessments are conducted by qualified personnel.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(3); 1436 (a)(1), (d)(2), and (d)(3))

INDIVIDUALIZED FAMILY SERVICE PLANS (IFSPs)

§ 303.340 General.

(a) Each system must include policies and procedures regarding individualized family service plans (IFSPs) that meet the requirements of this section and §§ 303.341 through 303.346.

(b) As used in this part, *individualized family service plan* and *IFSP* mean a written plan for providing early intervention services to a child eligible under this part and the child's family. The plan must—

(1) Be developed in accordance with §§ 303.342 and 303.343;

(2) Be based on the evaluation and assessment described in § 303.322; and

(3) Include the matters specified in § 303.344.

(c) *Lead agency responsibility.* The lead agency shall ensure that an IFSP is developed and implemented for each eligible child, in accordance with the requirements of this part. If there is a dispute between agencies as to who has responsibility for developing or implementing an IFSP, the lead agency shall resolve the dispute or assign responsibility.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1436)

NOTE: In instances where an eligible child must have both an IFSP and an individualized service plan under another Federal program, it may be possible to develop a single consolidated document, provided that it (1) contains all of the required information in § 303.344, and (2) is developed in accordance with the requirements of this part.

§ 303.341 [Reserved]

§ 303.342 Procedures for IFSP development, review, and evaluation.

(a) *Meeting to develop initial IFSP—timelines.* For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP must be conducted within the 45-day time period in § 303.321(e).

(b) *Periodic review.* (1) A review of the IFSP for a child and the child's family must be conducted every six months, or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine—

(i) The degree to which progress toward achieving the outcomes is being made; and

(ii) Whether modification or revision of the outcomes or services is necessary.

(2) The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.

(c) *Annual meeting to evaluate the IFSP.* A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and the child's family, and, as appropriate, to revise its provisions. The results of any current evaluations conducted under § 303.322(c), and other information available from the ongoing assessment of the child and family, must be used in determining what services are needed and will be provided.

(d) *Accessibility and convenience of meetings.* (1) IFSP meetings must be conducted—

(i) In settings and at times that are convenient to families; and

(ii) In the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.

(2) Meeting arrangements must be made with, and written notice provided

to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.

(e) *Parental consent.* The contents of the IFSP must be fully explained to the parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention services to which parental consent is obtained must be provided.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1436)

NOTE: The requirement for the annual evaluation incorporates the periodic review process. Therefore, it is necessary to have only one separate periodic review each year (i.e., six months after the initial and subsequent annual IFSP meetings), unless conditions warrant otherwise.

Because the needs of infants and toddlers change so rapidly during the course of a year, certain evaluation procedures may need to be repeated before conducting the periodic reviews and annual evaluation meetings in paragraphs (b) and (c) of this section.

§ 303.343 Participants in IFSP meetings and periodic reviews.

(a) *Initial and annual IFSP meetings.*

(1) Each initial meeting and each annual meeting to evaluate the IFSP must include the following participants:

(i) The parent or parents of the child.

(ii) Other family members, as requested by the parent, if feasible to do so;

(iii) An advocate or person outside of the family, if the parent requests that the person participate.

(iv) The service coordinator who has been working with the family since the initial referral of the child for evaluation, or who has been designated by the public agency to be responsible for implementation of the IFSP.

(v) A person or persons directly involved in conducting the evaluations and assessments in § 303.322.

(vi) As appropriate, persons who will be providing services to the child or family.

(2) If a person listed in paragraph (a)(1)(v) of this section is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including—

(i) Participating in a telephone conference call;

(ii) Having a knowledgeable authorized representative attend the meeting; or

(iii) Making pertinent records available at the meeting.

(b) *Periodic review.* Each periodic review must provide for the participation of persons in paragraphs (a)(1)(i) through (a)(1)(iv) of this section. If conditions warrant, provisions must be made for the participation of other representatives identified in paragraph (a) of this section.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1436(b))

§ 303.344 Content of an IFSP.

(a) *Information about the child's status.*

(1) The IFSP must include a statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development.

(2) The statement in paragraph (a)(1) of this section must be based on professionally acceptable objective criteria.

(b) *Family information.* With the concurrence of the family, the IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child.

(c) *Outcomes.* The IFSP must include a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timeliness used to determine—

(1) The degree to which progress toward achieving the outcomes is being made; and

(2) Whether modifications or revisions of the outcomes or services are necessary.

(d) *Early intervention services.* (1) The IFSP must include a statement of the specific early intervention services

necessary to meet the unique needs of the child and the family to achieve the outcomes identified in paragraph (c) of this section, including—

(i) The frequency, intensity, and method of delivering the services;

(ii) The natural environments, as described in § 303.12(b), and § 303.18 in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment;

(iii) The location of the services; and

(iv) The payment arrangements, if any.

(2) As used in paragraph (d)(1)(i) of this section—

(i) *Frequency* and *intensity* mean the number of days or sessions that a service will be provided, the length of time the service is provided during each session, and whether the service is provided on an individual or group basis; and

(ii) *Method* means how a service is provided.

(3) As used in paragraph (d)(1)(iii) of this section, *location* means the actual place or places where a service will be provided.

(e) *Other services.* (1) To the extent appropriate, the IFSP must include—

(i) Medical and other services that the child needs, but that are not required under this part; and

(ii) The funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.

(2) The requirement in paragraph (e)(1) of this section does not apply to routine medical services (e.g., immunizations and "well-baby" care), unless a child needs those services and the services are not otherwise available or being provided.

(f) *Dates; duration of services.* The IFSP must include—

(1) The projected dates for initiation of the services in paragraph (d)(1) of this section as soon as possible after the IFSP meetings described in § 303.342; and

(2) The anticipated duration of those services.

(g) *Service coordinator.* (1) The IFSP must include the name of the service coordinator from the profession most

immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons.

(2) In meeting the requirements in paragraph (g)(1) of this section, the public agency may—

- (i) Assign the same service coordinator who was appointed at the time that the child was initially referred for evaluation to be responsible for implementing a child's and family's IFSP; or
- (ii) Appoint a new service coordinator.

(3) As used in paragraph (g)(1) of this section, the term *profession* includes "service coordination."

(h) *Transition from Part C services.* (1) The IFSP must include the steps to be taken to support the transition of the child, in accordance with § 303.148, to—

(i) Preschool services under Part B of the Act, to the extent that those services are appropriate; or

(ii) Other services that may be available, if appropriate.

(2) The steps required in paragraph (h)(1) of this section include—

(i) Discussions with, and training of, parents regarding future placements and other matters related to the child's transition;

(ii) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting; and

(iii) With parental consent, the transmission of information about the child to the local educational agency, to ensure continuity of services, including evaluation and assessment information required in § 303.322, and copies of IFSPs that have been developed and implemented in accordance with §§ 303.340 through 303.346.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1436(d))

NOTE 1: With respect to the requirements in paragraph (d) of this section, the appropriate location of services for some infants and toddlers might be a hospital setting—during the period in which they require extensive medical intervention. However, for these and other eligible children, early intervention services must be provided in natural environments (e.g., the home, child care cen-

ters, or other community settings) to the maximum extent appropriate to the needs of the child.

NOTE 2: Throughout the process of developing and implementing IFSPs for an eligible child and the child's family, it is important for agencies to recognize the variety of roles that family members play in enhancing the child's development. It also is important that the degree to which the needs of the family are addressed in the IFSP process is determined in a collaborative manner with the full agreement and participation of the parents of the child. Parents retain the ultimate decision in determining whether they, their child, or other family members will accept or decline services under this part.

NOTE 3: The early intervention services in paragraph (d) of this section are those services that a State is required to provide to a child in accordance with § 303.12.

The "other services" in paragraph (e) of this section are services that a child or family needs, but that are neither required nor covered under this part. While listing the non-required services in the IFSP does not mean that those services must be provided, their identification can be helpful to both the child's family and the service coordinator, for the following reasons: First, the IFSP would provide a comprehensive picture of the child's total service needs (including the need for medical and health services, as well as early intervention services). Second, it is appropriate for the service coordinator to assist the family in securing the non-required services (e.g., by (1) determining if there is a public agency that could provide financial assistance, if needed, (2) assisting in the preparation of eligibility claims or insurance claims, if needed, and (3) assisting the family in seeking out and arranging for the child to receive the needed medical-health services).

Thus, to the extent appropriate, it is important for a State's procedures under this part to provide for ensuring that other needs of the child, and of the family related to enhancing the development of the child, such as medical and health needs, are considered and addressed, including determining (1) who will provide each service, and when, where, and how it will be provided, and (2) how the service will be paid for (e.g., through private insurance, an existing Federal-State funding source, such as Medicaid or EPSDT, or some other funding arrangement).

NOTE 4: Although the IFSP must include information about each of the items in paragraphs (b) through (h) of this section, this does not mean that the IFSP must be a detailed, lengthy document. It might be a brief outline, with appropriate attachments that address each of the points in the paragraphs under this section. It is important for the IFSP itself to be clear about (a) what services are to be provided, (b) the actions that

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are to be taken by the service coordinator in initiating those services, and (c) what actions will be taken by the parents.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998; 64 FR 12536, Mar. 12, 1999]

§ 303.345 Provision of services before evaluation and assessment are completed.

Early intervention services for an eligible child and the child's family may commence before the completion of the evaluation and assessment in § 303.322, if the following conditions are met:

- (a) Parental consent is obtained.
- (b) An interim IFSP is developed that includes—

- (1) The name of the service coordinator who will be responsible, consistent with § 303.344(g), for implementation of the interim IFSP and coordination with other agencies and persons; and

- (2) The early intervention services that have been determined to be needed immediately by the child and the child's family.

- (c) The evaluation and assessment are completed within the time period required in § 303.322(e).

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1436(c))

NOTE: This section is intended to accomplish two specific purposes: (1) To facilitate the provision of services in the event that a child has obvious immediate needs that are identified, even at the time of referral (e.g., a physician recommends that a child with cerebral palsy begin receiving physical therapy as soon as possible), and (2) to ensure that the requirements for the timely evaluation and assessment are not circumvented.

§ 303.346 Responsibility and accountability.

Each agency or person who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving the outcomes in the child's IFSP. However, part C of the Act does not require that any agency or person be held accountable if an

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eligible child does not achieve the growth projected in the child's IFSP.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1436)

PERSONNEL TRAINING AND STANDARDS

§ 303.360 Comprehensive system of personnel development.

(a) Each system must include a comprehensive system of personnel development.

(b) The personnel development system under this part must—

- (1) Be consistent with the comprehensive system of personnel development required under part B of the Act (34 CFR 300.380 through 300.387);

- (2) Provide for preservice and inservice training to be conducted on an interdisciplinary basis, to the extent appropriate;

- (3) Provide for the training of a variety of personnel needed to meet the requirements of this part, including public and private providers, primary referral sources, paraprofessionals, and persons who will serve as service coordinators; and

- (4) Ensure that the training provided relates specifically to—

- (i) Understanding the basic components of early intervention services available in the State;

- (ii) Meeting the interrelated social or emotional, health, developmental, and educational needs of eligible children under this part; and

- (iii) Assisting families in enhancing the development of their children, and in participating fully in the development and implementation of IFSPs.

(c) A personnel development system under this part may include—

- (1) Implementing innovative strategies and activities for the recruitment and retention of early intervention service providers;

- (2) Promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services under this part;

- (3) Training personnel to work in rural and inner-city areas; and

(4) Training personnel to coordinate transition services for infants and toddlers with disabilities from an early intervention program under this part to a preschool program under part B of the Act or to other preschool or other appropriate services.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(8))

[58 FR 40859, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

§ 303.361 Personnel standards.

(a) As used in this part—

(1) *Appropriate professional requirements in the State* means entry level requirements that—

(i) Are based on the highest requirements in the State applicable to the profession or discipline in which a person is providing early intervention services; and

(ii) Establish suitable qualifications for personnel providing early intervention services under this part to eligible children and their families who are served by State, local, and private agencies.

(2) *Highest requirements in the State applicable to a specific profession or discipline* means the highest entry-level academic degree needed for any State approved or recognized certification, licensing, registration, or other comparable requirements that apply to that profession or discipline.

(3) *Profession or discipline* means a specific occupational category that—

(i) Provides early intervention services to children eligible under this part and their families;

(ii) Has been established or designated by the State; and

(iii) Has a required scope of responsibility and degree of supervision.

(4) *State approved or recognized certification, licensing, registration, or other comparable requirements* means the requirements that a State legislature either has enacted or has authorized a State agency to promulgate through rules to establish the entry-level standards for employment in a specific profession or discipline in that State.

(b)(1) Each statewide system must have policies and procedures relating to the establishment and maintenance

of standards to ensure that personnel necessary to carry out the purposes of this part are appropriately and adequately prepared and trained.

(2) The policies and procedures required in paragraph (b)(1) of this section must provide for the establishment and maintenance of standards that are consistent with any State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the profession or discipline in which a person is providing early intervention services.

(c) To the extent that a State's standards for a profession or discipline, including standards for temporary or emergency certification, are not based on the highest requirements in the State applicable to a specific profession or discipline, the State's application for assistance under this part must include the steps the State is taking, the procedures for notifying public agencies and personnel of those steps, and the timelines it has established for the retraining or hiring of personnel that meet appropriate professional requirements in the State.

(d)(1) In meeting the requirements in paragraphs (b) and (c) of this section, a determination must be made about the status of personnel standards in the State. That determination must be based on current information that accurately describes, for each profession or discipline in which personnel are providing early intervention services, whether the applicable standards are consistent with the highest requirements in the State for that profession or discipline.

(2) The information required in paragraph (d)(1) of this section must be on file in the lead agency, and available to the public.

(e) In identifying the "highest requirements in the State" for purposes of this section, the requirements of all State statutes and the rules of all State agencies applicable to serving children eligible under this part and their families must be considered.

(f) A State may allow paraprofessionals and assistants who are appropriately trained and supervised, in accordance with State law, regulations,

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or written policy, to assist in the provision of early intervention services to eligible children under this part.

(g) In implementing this section, a State may adopt a policy that includes making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to eligible children, including, in a geographic area of the State where there is a shortage of personnel that meet these qualifications, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards described in paragraph (b)(2) of this section, consistent with State law, within 3 years.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(9))

NOTE: This section requires that a State use its own existing highest requirements to determine the standards appropriate to personnel who provide early intervention services under this part. The regulations do not require States to set any specified training standard, such as a master's degree, for employment of personnel who provide services under this part.

The regulations permit each State to determine the specific occupational categories required to provide early intervention services to children eligible under this part and their families, and to revise or expand these categories as needed. The professions or disciplines need not be limited to traditional occupational categories.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

Subpart E—Procedural Safeguards

GENERAL

§ 303.400 General responsibility of lead agency for procedural safeguards.

Each lead agency shall be responsible for—

(a) Establishing or adopting procedural safeguards that meet the requirements of this subpart; and

(b) Ensuring effective implementation of the safeguards by each public agency in the State that is involved in the provision of early intervention services under this part.

(Authority: 20 U.S.C. 1439)

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§ 303.401 Definitions of consent, native language, and personally identifiable information.

As used in this subpart—

(a) *Consent* means that—

(1) The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication;

(2) The parent understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom; and

(3) The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time;

(b) *Native language*, where used with reference to persons of limited English proficiency, means the language or mode of communication normally used by the parent of a child eligible under this part;

(c) *Personally identifiable* means that information includes—

(1) The name of the child, the child's parent, or other family member;

(2) The address of the child;

(3) A personal identifier, such as the child's or parent's social security number; or

(4) A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.

(Authority: 20 U.S.C. 1439)

§ 303.402 Opportunity to examine records.

In accordance with the confidentiality procedures in the regulations under part B of the Act (34 CFR 300.560 through 300.576), the parents of a child eligible under this part must be afforded the opportunity to inspect and review records relating to evaluations and assessments, eligibility determinations, development and implementation of IFSPs, individual complaints dealing with the child, and any other area under this part involving records about the child and the child's family.

(Authority: 20 U.S.C. 1439(a)(4))

§ 303.403 Prior notice; native language.

(a) *General.* Written prior notice must be given to the parents of a child eligible under this part a reasonable time before a public agency or service provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family.

(b) *Content of notice.* The notice must be in sufficient detail to inform the parents about—

(1) The action that is being proposed or refused;

(2) The reasons for taking the action;

(3) All procedural safeguards that are available under §§ 303.401-303.460 of this part; and

(4) The State complaint procedures under §§ 303.510-303.512, including a description of how to file a complaint and the timelines under those procedures.

(c) *Native language.* (i) The notice must be—

(1) Written in language understandable to the general public; and

(ii) Provided in the native language of the parents, unless it is clearly not feasible to do so.

(2) If the native language or other mode of communication of the parent is not a written language, the public agency, or designated service provider, shall take steps to ensure that—

(i) The notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;

(ii) The parent understands the notice; and

(iii) There is written evidence that the requirements of this paragraph have been met.

(3) If a parent is deaf or blind, or has no written language, the mode of communication must be that normally used by the parent (such as sign language, braille, or oral communication).

(Authority: 20 U.S.C. 1439(a)(6) and (7))

[58 FR 40959, July 30, 1993, as amended at 64 FR 12536, Mar. 12, 1999]

§ 303.404 Parent consent.

(a) Written parental consent must be obtained before—

(1) Conducting the initial evaluation and assessment of a child under § 303.322; and

(2) Initiating the provision of early intervention services (see § 303.342(e)).

(b) If consent is not given, the public agency shall make reasonable efforts to ensure that the parent—

(1) Is fully aware of the nature of the evaluation and assessment or the services that would be available; and

(2) Understands that the child will not be able to receive the evaluation and assessment or services unless consent is given.

(Authority: 20 U.S.C. 1439)

NOTE 1: In addition to the consent requirements in this section, other consent requirements are included in (1) § 303.460(a), regarding the exchange of personally identifiable information among agencies, and (2) the confidentiality provisions in the regulations under part B of the Act (34 CFR 300.571) and 34 CFR part 99 (Family Educational Rights and Privacy), both of which apply to this part.

NOTE 2: Under § 300.504(b) of the part B regulations, a public agency may initiate procedures to challenge a parent's refusal to consent to the initial evaluation of the parent's child and, if successful, obtain the evaluation. This provision applies to eligible children under this part, since the part B evaluation requirement applies to all children with disabilities in a State, including infants and toddlers.

§ 303.405 Parent right to decline service.

The parents of a child eligible under this part may determine whether they, their child, or other family members will accept or decline any early intervention service under this part in accordance with State law, and may decline such a service after first accepting it, without jeopardizing other early intervention services under this part.

(Authority: 20 U.S.C. 1439(a)(3))

§ 303.406 Surrogate parents.

(a) *General.* Each lead agency shall ensure that the rights of children eligible under this part are protected if—

(1) No parent (as defined in § 303.18) can be identified;

(2) The public agency, after reasonable efforts, cannot discover the whereabouts of a parent; or

(3) The child is a ward of the State under the laws of that State.

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(b) *Duty of lead agency and other public agencies.* The duty of the lead agency, or other public agency under paragraph (a) of this section, includes the assignment of an individual to act as a surrogate for the parent. This must include a method for—

(1) Determining whether a child needs a surrogate parent; and

(2) Assigning a surrogate parent to the child.

(c) *Criteria for selecting surrogates.* (1) The lead agency or other public agency may select a surrogate parent in any way permitted under State law.

(2) Public agencies shall ensure that a person selected as a surrogate parent—

(i) Has no interest that conflicts with the interests of the child he or she represents; and

(ii) Has knowledge and skills that ensure adequate representation of the child.

(d) *Non-employee requirement; compensation.* (1) A person assigned as a surrogate parent may not be—

(i) An employee of any State agency; or

(ii) A person or an employee of a person providing early intervention services to the child or to any family member of the child.

(2) A person who otherwise qualifies to be a surrogate parent under paragraph (d)(1) of this section is not an employee solely because he or she is paid by a public agency to serve as a surrogate parent.

(e) *Responsibilities.* A surrogate parent may represent a child in all matters related to—

(1) The evaluation and assessment of the child;

(2) Development and implementation of the child's IFSPs, including annual evaluations and periodic reviews;

(3) The ongoing provision of early intervention services to the child; and

(4) Any other rights established under this part.

(Authority: 20 U.S.C. 1439(a)(5))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18296, Apr. 14, 1998]

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MEDIATION AND DUE PROCESS PROCEDURES FOR PARENTS AND CHILDREN

§ 303.419 Mediation.

(a) *General.* Each State shall ensure that procedures are established and implemented to allow parties to disputes involving any matter described in § 303.403(a) to resolve the disputes through a mediation process which, at a minimum, must be available whenever a hearing is requested under § 303.420. The lead agency may either use the mediation system established under Part B of the Act or establish its own system.

(b) *Requirements.* The procedures must meet the following requirements:

(1) The procedures must ensure that the mediation process—

(i) Is voluntary on the part of the parties;

(ii) Is not used to deny or delay a parent's right to a due process hearing under § 303.420, or to deny any other rights afforded under Part C of the Act; and

(iii) Is conducted by a qualified and impartial mediator who is trained in effective mediation techniques.

(2) The State shall maintain a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of special education and related services.

(3) The State shall bear the cost of the mediation process, including the costs of meetings described in paragraph (c) of this section.

(4) Each session in the mediation process must be scheduled in a timely manner and must be held in a location that is convenient to the parties to the dispute.

(5) An agreement reached by the parties to the dispute in the mediation process must be set forth in a written mediation agreement.

(6) Discussions that occur during the mediation process must be confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings, and the parties to the mediation process may be required to sign a confidentiality pledge prior to the commencement of the process.

(c) *Meeting to encourage mediation.* A State may establish procedures to require parents who elect not to use the mediation process to meet, at a time and location convenient to the parents, with a disinterested party—

(1) Who is under contract with a parent training and information center or community parent resource center in the State established under sections 682 or 683 of the Act, or an appropriate alternative dispute resolution entity; and

(2) Who would explain the benefits of the mediation process and encourage the parents to use the process.

(Authority: 20 U.S.C. 1415(e) and 1439(a)(8))

[63 FR 18296, Apr. 14, 1998]

§ 303.420 Due process procedures.

Each system must include written procedures including procedures for mediation as described in § 303.419, for the timely administrative resolution of individual child complaints by parents concerning any of the matters in § 303.403(a). A State may meet this requirement by—

(a) Adopting the mediation and due process procedures in 34 CFR 300.506 through 300.512 and developing procedures that meet the requirements of § 303.425; or

(b) Developing procedures that—

(1) Meet the requirements in § 303.419 and §§ 303.421 through 303.425; and

(2) Provide parents a means of filing a complaint.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1439(a)(1))

NOTE 1: Sections 303.420 through 303.425 are concerned with the adoption of impartial procedures for resolving individual child complaints (i.e., complaints that generally affect only a single child or the child's family). These procedures require the appointment of a decision-maker who is impartial, as defined in § 303.421(b), to resolve a dispute concerning any of the matters in § 303.403(a). The decision of the impartial decision-maker is binding unless it is reversed on appeal.

A different type of administrative procedure is included in §§ 303.510 through 303.512 of subpart F of this part. Under those procedures, the lead agency is responsible for (1) investigating any complaint that it receives (including individual child complaints and those that are systemic in nature), and (2)

resolving the complaint if the agency determines that a violation has occurred.

NOTE 2: It is important that the administrative procedures developed by a State be designed to result in speedy resolution of complaints. An infant's or toddler's development is so rapid that undue delay could be potentially harmful.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18296, Apr. 14, 1998]

§ 303.421 Appointment of an impartial person.

(a) *Qualifications and duties.* An impartial person must be appointed to implement the complaint resolution process in this subpart. The person must—

(1) Have knowledge about the provisions of this part and the needs of, and services available for, eligible children and their families; and

(2) Perform the following duties:

(i) Listen to the presentation of relevant viewpoints about the complaint, examine all information relevant to the issues, and seek to reach a timely resolution of the complaint.

(ii) Provide a record of the proceedings, including a written decision.

(b) *Definition of impartial.* (1) As used in this section, *impartial* means that the person appointed to implement the complaint resolution process—

(i) Is not an employee of any agency or other entity involved in the provision of early intervention services or care of the child; and

(ii) Does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.

(2) A person who otherwise qualifies under paragraph (b)(1) of this section is not an employee of an agency solely because the person is paid by the agency to implement the complaint resolution process.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1439(a)(1))

§ 303.422 Parent rights in administrative proceedings.

(a) *General.* Each lead agency shall ensure that the parents of children eligible under this part are afforded the rights in paragraph (b) of this section

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in any administrative proceedings carried out under § 303.420.

(b) *Rights.* Any parent involved in an administrative proceeding has the right to—

(1) Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for children eligible under this part;

(2) Present evidence and confront, cross-examine, and compel the attendance of witnesses;

(3) Prohibit the introduction of any evidence at the proceeding that has not been disclosed to the parent at least five days before the proceeding;

(4) Obtain a written or electronic verbatim transcription of the proceeding; and

(5) Obtain written findings of fact and decisions.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1439)

§ 303.423 Convenience of proceedings; timelines.

(a) Any proceeding for implementing the complaint resolution process in this subpart must be carried out at a time and place that is reasonably convenient to the parents.

(b) Each lead agency shall ensure that, not later than 30 days after the receipt of a parent's complaint, the impartial proceeding required under this subpart is completed and a written decision mailed to each of the parties.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1439(a)(1))

NOTE: Under part B of the Act, States are allowed 45 days to conduct an impartial due process hearing (i.e., within 45 days after the receipt of a request for a hearing, a decision is reached and a copy of the decision is mailed to each of the parties). (See 34 CFR 300.512.) Thus, if a State, in meeting the requirements of § 303.420, elects to adopt the due process procedures under part B, that State would also have 45 days for hearings. However, any State in that situation is encouraged (but not required) to accelerate the timeline for the due process hearing for children who are eligible under this part—from 45 days to the 30-day timeline in this section. Because the needs of children in the birth-through-two-age range change so rapidly, quick resolution of complaints is important.

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§ 303.424 Civil action.

Any party aggrieved by the findings and decision regarding an administrative complaint has the right to bring a civil action in State or Federal court under section 639(a)(1) of the Act.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1439(a)(1))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18296, Apr. 14, 1998]

§ 303.425 Status of a child during proceedings.

(a) During the pendency of any proceeding involving a complaint under this subpart, unless the public agency and parents of a child otherwise agree, the child must continue to receive the appropriate early intervention services currently being provided.

(b) If the complaint involves an application for initial services under this part, the child must receive those services that are not in dispute.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1439(a)(7))

CONFIDENTIALITY

§ 303.460 Confidentiality of information.

(a) Each State shall adopt or develop policies and procedures that the State will follow in order to ensure the protection of any personally identifiable information collected, used, or maintained under this part, including the right of parents to written notice of and written consent to the exchange of this information among agencies consistent with Federal and State law.

(b) These policies and procedures must meet the requirements in 34 CFR 300.560 through 300.576, with the modifications specified in § 303.5(b).

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1439(a)(2), 1442)

NOTE: With the modifications referred to in paragraph (b) of this section, the confidentiality requirements in the regulations implementing part B of the Act (34 CFR 300.560 through 300.576) are to be used by public agencies to meet the confidentiality requirements under part C of the Act and this section (§ 303.460).

The part B provisions incorporate by reference the regulations in 34 CFR part 99 (Family Educational Rights and Privacy); therefore, those regulations also apply to this part.

Subpart F—State Administration

GENERAL

§ 303.500 Lead agency establishment or designation.

Each system must include a single line of responsibility in a lead agency that—

- (a) Is established or designated by the Governor; and
- (b) Is responsible for the administration of the system, in accordance with the requirements of this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(10))

§ 303.501 Supervision and monitoring of programs.

(a) *General.* Each lead agency is responsible for—

- (1) The general administration and supervision of programs and activities receiving assistance under this part; and
- (2) The monitoring of programs and activities used by the State to carry out this part, whether or not these programs or activities are receiving assistance under this part, to ensure that the State complies with this part.

(b) *Methods of administering programs.* In meeting the requirement in paragraph (a) of this section, the lead agency shall adopt and use proper methods of administering each program, including—

- (1) Monitoring agencies, institutions, and organizations used by the State to carry out this part;
- (2) Enforcing any obligations imposed on those agencies under part C of the Act and these regulations;
- (3) Providing technical assistance, if necessary, to those agencies, institutions, and organizations; and
- (4) Correcting deficiencies that are identified through monitoring.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(10)(A))

LEAD AGENCY PROCEDURES FOR RESOLVING COMPLAINTS

§ 303.510 Adopting complaint procedures.

(a) *General.* Each lead agency shall adopt written procedures for—

- (1) Resolving any complaint, including a complaint filed by an organization or individual from another State, that any public agency or private service provider is violating a requirement of Part C of the Act or this Part by—

(i) Providing for the filing of a complaint with the lead agency; and

(ii) At the lead agency's discretion, providing for the filing of a complaint with a public agency and the right to have the lead agency review the public agency's decision on the complaint; and

(2) Widely disseminating to parents and other interested individuals, including parent training centers, protection and advocacy agencies, independent living centers, and other appropriate entities, the State's procedures under §§ 303.510-303.512.

(b) *Remedies for denial of appropriate services.* In resolving a complaint in which it finds a failure to provide appropriate services, a lead agency, pursuant to its general supervisory authority under Part C of the Act, must address:

(1) How to remediate the denial of those services, including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's family; and

(2) Appropriate future provision of services for all infants and toddlers with disabilities and their families.

(Authority: 20 U.S.C. 1435(a)(10))

[64 FR 12536, Mar. 12, 1999]

§ 303.511 An organization or individual may file a complaint.

(a) *General.* An individual or organization may file a written signed complaint under § 303.510. The complaint must include—

(1) A statement that the State has violated a requirement of part C of the Act or the regulations in this part; and

(2) The facts on which the complaint is based.

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(b) *Limitations.* The alleged violation must have occurred not more than one year before the date that the complaint is received by the public agency unless a longer period is reasonable because—

- (1) The alleged violation continues for that child or other children; or
- (2) The complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint is received by the public agency.

(Authority: 20 U.S.C. 1435(a)(10))
[64 FR 12536, Mar. 12, 1999]

§ 303.512 Minimum State complaint procedures.

(a) *Time limit, minimum procedures.* Each lead agency shall include in its complaint procedures a time limit of 60 calendar days after a complaint is filed under § 303.510(a) to—

- (1) Carry out an independent on-site investigation, if the lead agency determines that such an investigation is necessary;
- (2) Give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint;
- (3) Review all relevant information and make an independent determination as to whether the public agency is violating a requirement of Part C of the Act or of this Part; and
- (4) Issue a written decision to the complainant that addresses each allegation in the complaint and contains—
 - (i) Findings of fact and conclusions; and
 - (ii) The reasons for the lead agency's final decision.

(b) *Time extension; final decisions; implementation.* The lead agency's procedures described in paragraph (a) of this section also must—

- (1) Permit an extension of the time limit under paragraph (a) of this section only if exceptional circumstances exist with respect to a particular complaint; and
- (2) Include procedures for effective implementation of the lead agency's final decision, if needed, including—
 - (i) Technical assistance activities;
 - (ii) Negotiations; and
 - (iii) Corrective actions to achieve compliance.

(c) *Complaints filed under this section, and due process hearings under § 303.420.*

(1) If a written complaint is received that is also the subject of a due process hearing under § 303.420, or contains multiple issues, of which one or more are part of that hearing, the State must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved within the 60-calendar-day timeline using the complaint procedures described in paragraphs (a) and (b) of this section.

(2) If an issue is raised in a complaint filed under this section that has previously been decided in a due process hearing involving the same parties—

- (i) The hearing decision is binding; and
- (ii) The lead agency must inform the complainant to that effect.

(3) A complaint alleging a public agency's or private service provider's failure to implement a due process decision must be resolved by the lead agency.

(Authority: 20 U.S.C. 1435(a)(10))
[64 FR 12536, Mar. 12, 1999]

POLICIES AND PROCEDURES RELATED TO FINANCIAL MATTERS

§ 303.520 Policies related to payment for services.

(a) *General.* Each lead agency is responsible for establishing State policies related to how services to children eligible under this part and their families will be paid for under the State's early intervention program. The policies must—

- (1) Meet the requirements in paragraph (b) of this section; and
- (2) Be reflected in the interagency agreements required in § 303.523.

(b) *Specific funding policies.* A State's policies must—

- (1) Specify which functions and services will be provided at no cost to all parents;
- (2) Specify which functions or services, if any, will be subject to a system of payments, and include—

(1) Information about the payment system and schedule of sliding fees that will be used; and

(ii) The basis and amount of payments; and

(3) Include an assurance that—

(i) Fees will not be charged for the services that a child is otherwise entitled to receive at no cost to parents; and

(ii) The inability of the parents of an eligible child to pay for services will not result in the denial of services to the child or the child's family; and

(4) Set out any fees that will be charged for early intervention services and the basis for those fees.

(c) *Procedures to ensure the timely provision of services.* No later than the beginning of the fifth year of a State's participation under this part, the State shall implement a mechanism to ensure that no services that a child is entitled to receive are delayed or denied because of disputes between agencies regarding financial or other responsibilities.

(d) *Proceeds from public or private insurance.* (1) Proceeds from public or private insurance are not treated as program income for purposes of 34 CFR 80.25.

(2) If a public agency spends reimbursements from Federal funds (e.g., Medicaid) for services under this part, those funds are not considered State or local funds for purposes of the provisions contained in § 303.124.

(Authority: 20 U.S.C. 1432(4)(B), 1435(a)(10))

[58 FR 40959, July 30, 1993, as amended at 64 FR 12536, Mar. 12, 1999]

§ 303.521 Fees.

(a) *General.* A State may establish, consistent with § 303.12(a)(3)(iv), a system of payments for early intervention services, including a schedule of sliding fees.

(b) *Functions not subject to fees.* The following are required functions that must be carried out at public expense by a State, and for which no fees may be charged to parents:

(1) Implementing the child find requirements in § 303.321.

(2) Evaluation and assessment, as included in § 303.322, and including the functions related to evaluation and assessment in § 303.12.

(3) Service coordination, as included in §§ 303.22 and 303.344(g).

(4) Administrative and coordinative activities related to—

(i) The development, review, and evaluation of IFSPs in §§ 303.340 through 303.346; and

(ii) Implementation of the procedural safeguards in subpart E of this part and the other components of the statewide system of early intervention services in subparts D and F of this part.

(c) *States with mandates to serve children from birth.* If a State has in effect a State law requiring the provision of a free appropriate public education to children with disabilities from birth, the State may not charge parents for any services (e.g., physical or occupational therapy) required under that law that are provided to children eligible under this part and their families.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1432(4))

§ 303.522 Identification and coordination of resources.

(a) Each lead agency is responsible for—

(1) The identification and coordination of all available resources for early intervention services within the State, including those from Federal, State, local, and private sources; and

(2) Updating the information on the funding sources in paragraph (a)(1) of this section, if a legislative or policy change is made under any of those sources.

(b) The Federal funding sources in paragraph (a)(1) of this section include—

(1) Title V of the Social Security Act (relating to Maternal and Child Health);

(2) Title XIX of the Social Security Act (relating to the general Medicaid Program, and EPSDT);

(3) The Head Start Act;

(4) Parts B and H of the Act;

(5) The Developmental Disabilities Assistance and Bill of Rights Act (Pub. L. 94-103); and

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(6) Other Federal programs.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(10)(B))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18296, Apr. 14, 1998]

§ 303.523 Interagency agreements.

(a) *General.* Each lead agency is responsible for entering into formal interagency agreements with other State-level agencies involved in the State's early intervention program. Each agreement must meet the requirements in paragraphs (b) through (d) of this section.

(b) *Financial responsibility.* Each agreement must define the financial responsibility, in accordance with § 303.143, of the agency for paying for early intervention services (consistent with State law and the requirements of this part).

(c) *Procedures for resolving disputes.* (1) Each agreement must include procedures for achieving a timely resolution of intra-agency and interagency disputes about payments for a given service, or disputes about other matters related to the State's early intervention program. Those procedures must include a mechanism for making a final determination that is binding upon the agencies involved.

(2) The agreement with each agency must—

(i) Permit the agency to resolve its own internal disputes (based on the agency's procedures that are included in the agreement), so long as the agency acts in a timely manner; and

(ii) Include the process that the lead agency will follow in achieving resolution of intra-agency disputes, if a given agency is unable to resolve its own internal disputes in a timely manner.

(d) *Additional components.* Each agreement must include any additional components necessary to ensure effective cooperation and coordination among all agencies involved in the State's early intervention program.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(10)(C) and (a)(10)(F))

NOTE: A State may meet the requirement in paragraph (c)(1) of this section in any way

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permitted under State law, including (1) providing for a third party (e.g., an administrative law judge) to review a dispute and render a decision, (2) assignment of the responsibility by the Governor to the lead agency or Council, or (3) having the final decision made directly by the Governor.

§ 303.524 Resolution of disputes.

(a) Each lead agency is responsible for resolving individual disputes, in accordance with the procedures in § 303.523(c)(2)(ii).

(b)(1) During a dispute, the individual or entity responsible for assigning financial responsibility among appropriate agencies under § 303.143 ("financial designee") shall assign financial responsibility to—

(i) An agency, subject to the provisions in paragraph (b)(2) of this section; or

(ii) The lead agency, in accordance with the "payor of last resort" provisions in § 303.527.

(2) If, during the lead agency's resolution of the dispute, the financial designee determines that the assignment of financial responsibility under paragraph (b)(1)(i) of this section was inappropriately made—

(i) The financial designee shall reassign the responsibility to the appropriate agency; and

(ii) The lead agency shall make arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility.

(c) To the extent necessary to ensure compliance with its action in paragraph (b)(2) of this section, the lead agency shall—

(1) Refer the dispute to the Council or the Governor; and

(2) Implement the procedures to ensure the delivery of services in a timely manner in accordance with § 303.525.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(10)(C) and (a)(10)(E))

§ 303.525 Delivery of services in a timely manner.

Each lead agency is responsible for the development of procedures to ensure that services are provided to eligible children and their families in a timely manner, pending the resolution

of disputes among public agencies or service providers.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(10)(D))

§ 303.526 Policy for contracting or otherwise arranging for services.

Each system must include a policy pertaining to contracting or making other arrangements with public or private service providers to provide early intervention services. The policy must include—

(a) A requirement that all early intervention services must meet State standards and be consistent with the provisions of this part;

(b) The mechanisms that the lead agency will use in arranging for these services, including the process by which awards or other arrangements are made; and

(c) The basic requirements that must be met by any individual or organization seeking to provide these services for the lead agency.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(11))

NOTE: In implementing the statewide system, States may elect to continue using agencies and individuals in both the public and private sectors that have previously been involved in providing early intervention services, so long as those agencies and individuals meet the requirements of this part.

§ 303.527 Payor of last resort.

(a) *Nonsubstitution of funds.* Except as provided in paragraph (b)(1) of this section, funds under this part may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source, including any medical program administered by the Secretary of Defense, but for the enactment of part C of the Act. Therefore, funds under this part may be used only for early intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local, or private source.

(b) *Interim payments—reimbursement.*

(1) If necessary to prevent a delay in the timely provision of services to an eligible child or the child's family,

funds under this part may be used to pay the provider of services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.

(2) Payments under paragraph (b)(1) of this section may be made for—

(i) Early intervention services, as described in § 303.12;

(ii) Eligible health services (see § 303.13); and

(iii) Other functions and services authorized under this part, including child find and evaluation and assessment.

(3) The provisions of paragraph (b)(1) of this section do not apply to medical services or "well-baby" health care (see § 303.13(c)(1)).

(c) *Non-reduction of benefits.* Nothing in this part may be construed to permit a State to reduce medical or other assistance available or to alter eligibility under title V of the Social Security Act (SSA) (relating to maternal and child health) or title XIX of the SSA (relating to Medicaid for children eligible under this part) within the State.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1440)

NOTE: The Congress intended that the enactment of part C not be construed as a license to any agency (including the lead agency and other agencies in the State) to withdraw funding for services that currently are or would be made available to eligible children but for the existence of the program under this part. Thus, the Congress intended that other funding sources would continue, and that there would be greater coordination among agencies regarding the payment of costs.

The Congress further clarified its intent concerning payments under Medicaid by including in section 411(k)(13) of the Medicare Catastrophic Coverage Act of 1988 (Pub. L. 100-360) an amendment to title XIX of the Social Security Act. That amendment states, in effect, that nothing in this title shall be construed as prohibiting or restricting, or authorizing the Secretary of Health and Human Services to prohibit or restrict, payment under subsection (a) of section 1903 of the Social Security Act for medical assistance for covered services furnished to an infant or toddler with a disability because those services are included in the child's IFSP adopted pursuant to part C of the Act.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18296, Apr. 14, 1998]

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§ 303.528 Reimbursement procedure.

Each system must include a procedure for securing the timely reimbursement of funds used under this part, in accordance with § 303.527(b).

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(12))

REPORTING REQUIREMENTS

§ 303.540 Data collection.

(a) Each system must include the procedures that the State uses to compile data on the statewide system. The procedures must—

- (i) Include a process for—
 - (I) Collecting data from various agencies and service providers in the State;
 - (II) Making use of appropriate sampling methods, if sampling is permitted; and
 - (III) Describing the sampling methods used, if reporting to the Secretary; and
- (2) Provide for reporting data required under section 618 of the Act that relates to this part.

(b) The information required in paragraph (a)(2) of this section must be provided at the time and in the manner specified by the Secretary.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(14))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18296, Apr. 14, 1998]

USE OF FUNDS FOR STATE ADMINISTRATION

§ 303.560 Use of funds by the lead agency.

A lead agency may use funds under this part that are reasonable and necessary for administering the State's early intervention program for infants and toddlers with disabilities.

(Authority: 20 U.S.C. 1433, 1435(a)(10))

Subpart G—State Interagency Coordinating Council

GENERAL

§ 303.600 Establishment of Council.

(a) A State that desires to receive financial assistance under this part shall

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establish a State Interagency Coordinating Council.

(b) The Council must be appointed by the Governor. The Governor shall ensure that the membership of the Council reasonably represents the population of the State.

(c) The Governor shall designate a member of the Council to serve as the chairperson of the Council or require the Council to do so. Any member of the Council who is a representative of the lead agency designated under § 303.500 may not serve as the chairperson of the Council.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1441(a))

NOTE: To avoid a potential conflict of interest, it is recommended that parent representatives who are selected to serve on the Council not be employees of any agency involved in providing early intervention services.

It is suggested that consideration be given to maintaining an appropriate balance between the urban and rural communities of the State.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18296, Apr. 14, 1998]

§ 303.601 Composition.

(a) The Council must be composed as follows:

(1)(i) At least 20 percent of the members must be parents, including minority parents, of infants or toddlers with disabilities or children with disabilities aged 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities.

(ii) At least one member must be a parent of an infant or toddler with a disability or a child with a disability aged six or younger.

(2) At least 20 percent of the members must be public or private providers of early intervention services.

(3) At least one member must be from the State legislature.

(4) At least one member must be involved in personnel preparation.

(5) At least one member must—

(i) Be from each of the State agencies involved in the provisions of, or payment for, early intervention services to infants and toddlers with disabilities and their families; and

(ii) Have sufficient authority to engage in policy planning and implementation on behalf of these agencies.

(6) At least one member must—

(i) Be from the State educational agency responsible for preschool services to children with disabilities; and

(ii) Have sufficient authority to engage in policy planning and implementation on behalf of that agency.

(7) At least one member must be from the agency responsible for the State governance of health insurance.

(8) At least one member must be from a Head Start agency or program in the State.

(9) At least one member must be from a State agency responsible for child care.

(b) The Council may include other members selected by the Governor, including a representative from the BIA or, where there is no school operated or funded by the BIA, from the Indian Health Service or the tribe or tribal council.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1441(b))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18296, Apr. 14, 1998]

§ 303.602 Use of funds by the Council.

(a) *General.* Subject to the approval of the Governor, the Council may use funds under this part—

(1) To conduct hearings and forums;

(2) To reimburse members of the Council for reasonable and necessary expenses for attending Council meetings and performing Council duties (including child care for parent representatives);

(3) To pay compensation to a member of the Council if the member is not employed or must forfeit wages from other employment when performing official Council business;

(4) To hire staff; and

(5) To obtain the services of professional, technical, and clerical personnel, as may be necessary to carry out the performance of its functions under this part.

(b) *Compensation and expenses of Council members.* Except as provided in paragraph (a) of this section, Council members shall serve without com-

pensation from funds available under this part.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1438, 1441 (c) and (d))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18296, Apr. 14, 1998]

§ 303.603 Meetings.

(a) The Council shall meet at least quarterly and in such places as it deems necessary.

(b) The meetings must—

(1) Be publicly announced sufficiently in advance of the dates they are to be held to ensure that all interested parties have an opportunity to attend; and

(2) To the extent appropriate, be open and accessible to the general public.

(c) Interpreters for persons who are deaf and other necessary services must be provided at Council meetings, both for Council members and participants. The Council may use funds under this part to pay for those services.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1441 (c) and (d))

§ 303.604 Conflict of interest.

No member of the Council may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1441(f))

FUNCTIONS OF THE COUNCIL

§ 303.650 General.

(a) Each Council shall—

(1) Advise and assist the lead agency in the development and implementation of the policies that constitute the statewide system;

(2) Assist the lead agency in achieving the full participation, coordination, and cooperation of all appropriate public agencies in the State;

(3) Assist the lead agency in the effective implementation of the statewide system, by establishing a process that includes—

§ 303.651

(i) Seeking information from service providers, service coordinators, parents, and others about any Federal, State, or local policies that impede timely service delivery; and

(ii) Taking steps to ensure that any policy problems identified under paragraph (a)(3)(i) of this section are resolved; and

(4) To the extent appropriate, assist the lead agency in the resolution of disputes.

(b) Each Council may advise and assist the lead agency and the State educational agency regarding the provision of appropriate services for children aged birth to five, inclusive.

(c) Each Council may advise appropriate agencies in the State with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services in the State.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1441(e)(1)(A) and (e)(2))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18296, Apr. 14, 1998]

§ 303.651 Advising and assisting the lead agency in its administrative duties.

Each Council shall advise and assist the lead agency in the—

(a) Identification of sources of fiscal and other support for services for early intervention programs under this part;

(b) Assignment of financial responsibility to the appropriate agency; and

(c) Promotion of the interagency agreements under § 303.523.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1441(e)(1)(A))

§ 303.652 Applications.

Each Council shall advise and assist the lead agency in the preparation of applications under this part and amendments to those applications.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1441(e)(1)(B))

34 CFR Ch. III (7-1-99 Edition)

§ 303.653 Transitional services.

Each Council shall advise and assist the State educational agency regarding the transition of toddlers with disabilities to services provided under part B of the Act, to preschool and other appropriate services.

(Approved by the Office of Management and Budget under control number 1820-0578)

(Authority: 20 U.S.C. 1441(e)(1)(C))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18296, Apr. 14, 1998]

§ 303.654 Annual report to the Secretary.

(a) Each Council shall—

(1) Prepare an annual report to the Governor and to the Secretary on the status of early intervention programs operated within the State for children eligible under this part and their families; and

(2) Submit the report to the Secretary by a date that the Secretary establishes.

(b) Each annual report must contain the information required by the Secretary for the year for which the report is made.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1441(e)(1)(D))

Comments to IDEA, Part C Regulations

The following is an analysis of the significant issues raised by the public comments received on the NPRM published on October 22, 1997 (62 FR 55026) for the Early Intervention Program for Infants and Toddlers with Disabilities. The Department solicited comments on proposed changes to six regulatory provisions in the Early Intervention Program for Infants and Toddlers with Disabilities, formerly known as Part H of the Individuals with Disabilities Education Act (IDEA). Effective July 1, 1998, Part H of IDEA (Part H) was relocated to Part C of IDEA (Part C). The proposed changes were made to conform Part C to proposed changes in Part B of IDEA. On April 14, 1998, the Department published technical changes to the Part C regulations to incorporate statutory changes to Part C made by the IDEA Amendments of 1997 (63 FR 18290). A notice requesting advice and recommendations on Part C regulatory issues was also published on April 14, 1998 (63 FR 18297). Although the deadline for comments on Part C regulatory issues was July 31, 1998, the Department reopened the comment period by publishing another notice on August 14, 1998 (63 FR 43865-43866).

In response to the Department's invitation in the NPRM published on October 22, 1997, several parties submitted comments on the proposed regulations. An analysis of the comments and of the resulting changes in the regulations follow. Substantive issues are discussed under the section of the regulations to which they pertain. Technical and other minor changes — and suggested changes the Department is not legally authorized to make under the applicable statutory authority — are not addressed. All Part C provisions amended by these regulations that were not the subject of the NPRM are amended only to conform provisions to statutory changes to Part C made by the IDEA Amendments of 1997, or to conform technical provisions to changes made to the Part B regulations.

Goals 2000: Educate America Act

Comment: One commenter asked how the Goals 2000: Educate America Act (Goals 2000) would be implemented for infants and toddlers with disabilities, in particular how the first goal of all children in America starting school ready to learn would be realized for infants and toddlers with disabilities. The commenter asked if there would be definitions or criteria promulgated pursuant to Goals 2000 regarding an infant's or toddler's readiness to learn.

Discussion: The National Education Goals are goals, not requirements; no definitions or criteria are necessary to specify how States should make progress towards goal one, "All children in America will start school ready to learn." Children with developmental delays are likely to experience poor educational results because of a disability without appropriate early intervention. By addressing the effects of a disability or complications that could arise if services are not provided, these children will have a greater likelihood of better results, and require less intensive or possibly no special services, when they are ready to enter school. The Part C Early Intervention Program helps States to address the needs of infants and toddlers with disabilities and their families by promoting child find activities, implementing family-focused service systems, coordinating early intervention services on a statewide basis, and providing critical services that otherwise would not be available. As such, the program plays a major role in improving the school readiness of these young children and meeting the National Education Goal of ensuring that every child enters school ready to learn.

Changes: None.

General Comments

Comment: Several of the commenters requested that the Department issue a full notice of proposed rulemaking (NPRM) for the Part C program. Commenters questioned why the particular regulatory provisions in the October 22, 1997 NPRM were singled out for revision. Many requested generally that the Department clarify the statutory amendments to Part C, such as the provisions regarding natural environments.

Discussion: The six provisions related to Part C in these regulations have been revised in order to achieve consistency with parallel Part B regulations. Regarding the remainder of the Part C regulations, the Department solicited comments regarding all of the Part C regulations on April 14, 1998, and extended the comment period on August 14, 1998. Comments received in response to the October 22, 1997 NPRM regarding Part C regulations that were not the subject of that NPRM will be retained and considered with the comments received pursuant to the April 14 and August 14, 1998, solicitations. However, additional submissions from those same commenters are welcome.

These final regulations contain several technical changes that were not included in the April 14, 1998 regulatory changes. All of these changes will be included in the next version of

Part C regulations published in the Code of Federal Regulations (CFR), which is revised each year.

As with the final Part B regulations published in this issue of the Federal Register, these final Part C regulations will not contain notes. The critical substantive portions of the notes will be incorporated into the corresponding regulatory provision or the applicable discussion section in this preamble. Other information from the notes will be deleted.

Changes: None.

Definition of Parent (§303.18)

Comment: There were a few comments regarding the revisions to the definition of parent at §303.18. Some commenters liked the changes and some objected to the changes. Commenters who objected did so primarily because the proposed changes were perceived to conflict with prior OSEP opinions and ultimately result in fewer children having "parent" representation at meetings. Commenters also asked what constitutes a "long-term parent relationship" for an infant or toddler.

Discussion: The changes to the definition of parent under Part C are to clarify that the definition is an inclusive one and to conform Part C to Part B for consistency and continuity purposes. The changes should result in more, rather than fewer, children having parental representation, as the regulation clarifies that foster parents may, in appropriate circumstances, unless prohibited by State law, serve as parents. Under these regulations, the term "parent" is defined to include persons acting in the place of a parent, such as a grandparent or stepparent with whom the child lives, as well as persons who are legally responsible for a child's welfare, and, at the discretion of the State, a foster parent who meets the requirements in paragraph (b) of this section.

With respect to the meaning of "long-term parental relationship," this term was included to ensure that when a child is in foster care, decisions regarding services are made by the foster parents only if they have had, or will have, a parental relationship that is on-going rather than temporary. The goal is that decisions regarding services will be made only by those who have or will have a substantive understanding of the child's needs. Thus, for example, a parental relationship would be considered "long-term" if (1) at the time the relationship is created, it is intended to be a long-term arrangement, or (2) the relationship has existed for a relatively long period of time. For older children, States could require a more lengthy time period than would be appropriate for infants and toddlers.

Several changes to this provision are in response to comments regarding the corresponding provision in the Part B regulations (§300.20). The general definition of "parent" is amended to make clear that adoptive parents have the same status as natural parents. In addition, to avoid conflict with State statutes, a provision is added permitting the use of foster parents under these regulations unless State law prohibits foster parents from acting as parents for these purposes. For further explanation of the changes, see the discussion regarding 34 CFR 300.20 in the preamble to the final Part B regulations.

Changes: Section 303.18 has been amended to specifically include adoptive parents, and to permit States in certain circumstances to use foster parents as parents under the Act without amending relevant State statutes on the definition of "parent". The substance of the note has been incorporated into the regulations, and the note has been deleted.

Prior Notice (§303.403)

Discussion: No comments were received regarding proposed §303.403(b)(4), and it is included in these final regulations. However, given the comments regarding the parallel section under Part B, and the fact that Part C does not have a separate procedural safeguards notice, §303.403(b)(3) is changed to make clear that the notice given under this section must contain all procedural safeguards under Part C, including the new mediation procedures in §303.419.

Changes: Section 303.403(b)(3) is amended to clarify that the notice must inform parents about all procedural safeguards available under §§303.401-303.460.

Adopting complaint procedures (§303.510)

Comment: One commenter requested that the Department clarify how frequently States are required to disseminate their State complaint procedures in proposed §303.510(b); the commenter also asked that the requirement include provisions for limited-English speakers and non-readers.

Discussion: It is unnecessary to specify a frequency for dissemination of State complaint procedures; States have the responsibility to ensure that their publicly-disseminated State complaint materials are distributed to parents, as well as to the other required entities, and to ensure that the materials are kept up to date. In addition, the lead agency is now required to provide an explanation of the State complaint procedures to parents at the various times specified in §303.403(b)(4), as part of the "prior notice" requirement. The requirements of §303.403 regarding prior notice include communicating the notice in the parents' native language or other mode of communication; therefore, it is unnecessary to add those provisions to §303.510.

Because a new paragraph (b) is added to this section (see discussion below), the language in proposed (b) from the NPRM is moved to paragraph (a)(2) of this section.

Changes: A portion of the existing note is incorporated into §303.510(a) and the note is removed. Proposed Note 2 is incorporated into the regulation as new §303.510(b); the language in proposed §303.510(b) is moved to new §303.510(a)(2). In addition, the language in the proposed note following §303.511 regarding complaints from out of State is incorporated into §303.510(a)(1).

Comment: Several commenters requested clarification of the provision regarding compensatory services in Note 2 to proposed §303.510. Compensatory services are also referenced in proposed §303.511(c). One commenter stated that compensatory services are not appropriate for infants and toddlers receiving services under Part C; services are already year-round, and because the frequency and intensity of services are individually tailored to the child's needs in the IFSP, supplementing those services would not be appropriate. This commenter noted, however, that families who procure services at their own expense because an IFSP was not implemented in a timely manner should be able to receive reimbursement. Another commenter stated that additional public discussion is needed before finalizing this provision regarding compensatory services. The commenter raised questions concerning how compensatory services would be funded and provided by a lead agency before a child turns three years old, how such services would be funded and provided after the child turns three, and how such post-Part C services would be integrated with the child's special education services. Another commenter requested the Department's "vision" for the proposed application of this regulation.

Discussion: The note reflected what has always been the case — that lead agencies have the authority to order remedies in appropriate circumstances for a violation of Part C in resolving complaints under the procedures in §§303.510-303.512. However, consistent with the decision to remove notes from the Part B regulations, and to emphasize the importance of lead agency action to resolve complaints in a way that provides individual relief when appropriate and addresses systemically the provision of appropriate services, a provision is added to this section. The provision clarifies that if the lead agency has found a failure to provide appropriate services to an infant or toddler with a disability through a complaint, the resolution must address both how to remediate the denial of services, and how to provide appropriate services for all infants and toddlers with disabilities in the State and in the future. While recognizing that compensatory services, in the sense used under Part B, may be inappropriate for an infant or toddler in many instances, it should not be precluded where it is an appropriate corrective action as determined by the lead agency based on the individual circumstances. Lead agencies retain the authority, responsibility, and flexibility to construct appropriate remedies in individual cases in order to obtain the results needed for the

child and family. Possible remedies may include reimbursement of sums spent by a parent, services -- compensatory or otherwise, or other appropriate corrective action.

Regarding the issue of a complaint filed after a child turns three and is no longer eligible for Part C services, if parents have a complaint about the services received or not received by their child while an infant or toddler, those parents would properly file the complaint with the lead agency that had responsibility for the child during that time period, even if the child has "aged out" of the Part C program at age three. That lead agency has the responsibility to resolve and, as appropriate, investigate the complaint, and award appropriate corrective action, which may need to be designed by working with the SEA if the child is Part B-eligible, or by working with other appropriate service providers if the child is not Part B-eligible. These regulations do not prevent parents from filing a complaint with the lead agency after the child leaves the Part C program. In addition, if the alleged violation is systemic, corrective action would be required in order to ensure that a violation does not continue for other infants and toddlers. However, to prevent undue burden on lead agencies from very old cases, §303.511(b) contains time limitations on complaints.

Changes: A new paragraph (b) has been added to §303.510 to address how a lead agency remedies a denial of appropriate services, in place of proposed Note 2. Proposed paragraph (b) has been moved to new §303.510(a)(2).

Filing a complaint (§303.511)

Comment: Two commenters objected to the one-year time limit for filing a complaint in proposed §303.511(c). They stated that parents are often not knowledgeable about their rights at their first entrance into a complex system, and that violations may not be apparent until after the child exits the system. The commenters stated that the one-year limit may also conflict with existing State laws governing administrative proceedings. These commenters also questioned when it would be appropriate for an organization to file a complaint, and asked why the proposed note states that lead agencies must resolve complaints filed by entities from another State.

Discussion: The time limits in proposed §303.511(c) were added in recognition that at some point the issues in a complaint are no longer reasonably susceptible to resolution. However, such a time limit should include an exception for continuing violations; this would include a violation for a specific child, e.g., one that began when an infant was 4 months old and still continues at age two, as well as violations that continue on a systemic basis and affect other children. The regulation also includes a three-year time limit for cases in which a parent requests reimbursement or corrective action. As evidenced by the comments on the issue of compensatory services under Part C (see discussion regarding §303.510 above), compensatory services may not be an appropriate remedy in some cases. Therefore, the language regarding the three-year limit in these regulations should be changed to describe more accurately the remedies that may be requested, such as a parent's request for reimbursement for amounts spent to provide services in the IFSP that were not provided by the lead agency.

As noted above in the response to comments on §303.510, these regulations do not prohibit individuals from filing a complaint with the lead agency after the child has left the Part C system, and require, within the timeframes noted, that the State resolve the complaint. In addition, States are free to accept and resolve complaints regarding alleged violations that occurred outside these timelines, just as they are free to add additional protections in other areas that are not inconsistent with the requirements of the Act and its implementing regulations. If a State law provided a more generous timeline for filing complaints, the State could certainly use that timeline; it could, in the alternative, amend its State law to be as restrictive, but not more restrictive, than these Federal regulations.

Regarding the issue of when it is appropriate for an organization, rather than an individual, to file a complaint, the State complaint procedures broadly permit any organization to file a complaint alleging that the State is violating IDEA, in order to permit entities, as well as individuals, that become aware of violations to raise them. With regard to the statement in the note that the lead agency must resolve complaints even if received from an individual or organization outside of the State, the lead agency is responsible for ensuring compliance with Part C. A complaint about implementation of the Act filed by an organization or individual outside of the State is an additional means of bringing compliance issues to the State's attention. To be consistent with the decision to remove all notes from the Part B regulations, and to

make clear that complaints from out-of-State organizations or individuals must also be resolved, that concept is integrated into §303.510(a)(1).

Changes: The language in proposed §303.511(c) has been moved to paragraph (b) and changed to describe more accurately the remedies that could be requested under the three-year limitation for State complaints. The note following §303.511 regarding complaints filed by organizations or individuals from another State has been deleted, and the substance of the note has been moved to §303.510(a)(1).

Minimum State complaint procedures; timelines (§303.512)

Comment: One commenter asked whether eliminating the right to request Secretarial review would eliminate all potential appeals of a State's decision. The commenter requested that a note be added to reference other procedures still available if the complainant is not satisfied with a State's decision.

Discussion: If a complainant who wishes to contest a lead agency's decision on a State complaint is a parent, he or she may request a due process hearing under §303.420 concerning a child's identification, evaluation, or placement, or the provision of appropriate early intervention services to the child and the child's family. In addition, States must make mediation under §303.419 available, at a minimum, when a parent requests a due process hearing. States may provide for mediation at an earlier stage, thereby allowing for informal dispute resolution before or after the State complaint process, preventing the need for a due process hearing. However, mediation may not be used to deny or delay the parents' right to due process. The previous existence of the option to request Secretarial review was not a substitute for these other procedural rights for parents. It is not necessary to add a note describing these other procedural safeguards in §303.512, as they are adequately described elsewhere in these regulations.

The substance of the notes following this section is incorporated into §303.512. The language of proposed Note 1 references a complaint that is also the subject of a due process hearing, but does not discuss the situation of a complaint that also becomes the subject of a mediation proceeding. Although the IDEA Amendments of 1997 encourage the use of mediation as a dispute resolution tool, a party's mediation request should not serve as an excuse for a State to delay the State complaint resolution timelines. Therefore, a mediation proceeding should not in and of itself be considered an "exceptional circumstance" under §303.512(b) so as to extend the 60-day time limit for resolution of complaints, unless the parties agree to such an extension.

Changes: Paragraphs (b) and (c) have been combined into a new paragraph (b). A new paragraph (c) has been added to clarify that if an issue in a complaint is the subject of a due process hearing, that issue (but not those outside of the due process proceeding) would be set aside until the conclusion of the due process hearing, and that the hearing decision regarding an issue in a due process hearing would be binding in a State complaint resolution; however, a public agency's failure to implement a due process decision would have to be resolved by the lead agency. The notes following this section have been removed, and their substance incorporated into §303.512.

Policies Related to Payment for Services (§303.520)

Comment: There were many comments regarding the use of private and public insurance under Part C. A few commenters supported proposed §303.520(d) and (e), as well as corresponding notes. Supporting the provision in proposed §303.520(d) on requiring families to use private insurance only if there are no costs, parents of children with disabilities described the financial costs and resulting hardship to them when required to use private insurance to pay for services.

Many commenters opposed the proposed changes. Regarding the use of private insurance, many stated that the policies in proposed §303.520(d) and Notes 1 and 2 contradict the "payor of last resort" concept underlying Part C. Many commenters referred to the policy in §303.527 that Part C Federal funds are to supplement existing sources of funds, not provide full support, for early intervention. Commenters stated that prior to Part C, private insurance would have been the payor of first resort for many early intervention services, and Medicaid the secondary source of payment.

Commenters also stressed that, because FAPE does not apply to Part C, basing §303.520(d) on the Notice of Interpretation published in 1980 regarding Part B, six years prior to the passage of Part C, is invalid. Further, in emphasizing the differences in Part B and Part C policy, commenters noted that under Part B, services are to be provided at no cost to the parents, whereas under Part C parents may be required to pay fees for services. Commenters stated that it is contradictory to allow systems of payment, but prohibit the use of private insurance if there is a financial cost to families. A few commenters also stated they believed the Department did not adequately determine whether or not there is a cost to parents in requiring the use of private insurance, and that a cost-benefit analysis was not done.

Commenters were also very concerned about the impact to Part C programs nationwide if private insurance is more difficult to access; some stated that proposed §303.520(d) could cause States to eliminate their infant and toddler programs entirely. Commenters stated that because Federal programs like Medicaid and Title V require that private insurance must be billed first for services covered in whole or in part by such insurance, if private insurance is not accessible, Medicaid or Title V will not be accessible. Some commenters suggested that the use of private insurance under Part C be treated in the same manner as it is under Title V and Medicaid and in this way remain in compliance with the mandate of §303.527.

In addition, some commenters stated that a policy that allows parents to deny access to private insurance, thereby requiring the expenditure of State and Federal funds, has caused private insurance companies to deny payment for services if Part C potentially covers the service. Insurance policies also often state that they will not cover services if deductibles and co-payments are paid for the family instead of by the family. Commenters also stated that some State statutes require that private insurance is utilized prior to State funds and the proposed §303.520 undermines these statutes.

Regarding public insurance, commenters stated that parental consent should not be required for access to public insurance, e.g., Medicaid, if the child is eligible for the public insurance. The commenters also argued that States should be given the flexibility to require application for public health insurance as a condition for receiving early intervention services, not only to enable Part C access to other sources of funding, but also to ensure that children have access to health and medical care.

Those commenting against proposed §303.520(e) and Note 3, regarding proceeds from insurance, stated that such a rule potentially precludes putting dollars back into an already under funded program. Commenters stated that under 34 CFR 80.25, States should be required to return income received from public and private insurance payments to the Part C program. Further, if the Department does not require such reinvestment, commenters requested that it at least remain silent on the issue rather than risk giving States encouragement for using insurance reimbursements without any restrictions.

Discussion: As the foregoing comments note, there are many ramifications to a proposed regulation regarding the use of private and public insurance under Part C. Therefore, the policy in proposed §303.520(d) will not be finalized until more thorough examination of the issues can be done through the process initiated by the April 14 and August 14, 1998 solicitations for comments, and in light of the specific Part C statutory language and framework.

However, with respect to the issue of reimbursements in proposed §303.520(e) and Note 3, the reasons underlying the changes made to the corresponding §300.142(f) in Part B provide support for the same changes in Part C. This section clarifies that if a public agency receives funds from public or private insurance for services under these regulations, the public agency is not required to return those funds to the Department or to dedicate those funds for use in the Part C program, which is how program income must be used, although a public agency retains the option of using those funds in this program if it chooses to do so. Reimbursements are similar to refunds, credits, and discounts that are specifically excluded from program income in 34 CFR 80.25(a). The expenditure that is reimbursed is considered to be an expenditure of funds from the source that provides the reimbursement. Nothing in IDEA, however, prohibits States from reinvesting insurance reimbursements back into the Part C program, and this regulatory provision should not be viewed as discouraging such practice. Reinvestment of insurance reimbursements in the Part C program is undeniably a valuable method of helping fund the program; however, to avoid confusion, it is necessary to clarify by regulation that no current Federal law requires such reinvestment.

In addition, proposed paragraph (e) has been revised to clarify that funds expended by a public agency from reimbursements of Federal funds will not be considered State or local funds for purposes of §303.124. If Federal reimbursements were considered State and local funds for purposes of the supplanting prohibition in §303.124 of these regulations, States would experience an artificial increase in their base year amounts and would then be required to maintain a higher, overstated level of fiscal effort in the succeeding fiscal year.

Changes: Proposed §303.520(d), and Notes 1 and 2, are removed; proposed §303.520(e) is redesignated as §303.520(d) with changes to conform to §300.142(f); and Note 3 is incorporated into the text of §303.520(d).

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Public Law 105-17 Part C-Infants and Toddlers With Disabilities

111 STAT. 106

PUBLIC LAW 105-17—JUNE 4, 1997

"PART C—INFANTS AND TODDLERS WITH DISABILITIES

20 USC 1431.

"SEC. 631. FINDINGS AND POLICY.

"(a) FINDINGS.—The Congress finds that there is an urgent and substantial need—

"(1) to enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delay;

"(2) to reduce the educational costs to our society, including our Nation's schools, by minimizing the need for special education and related services after infants and toddlers with disabilities reach school age;

"(3) to minimize the likelihood of institutionalization of individuals with disabilities and maximize the potential for their independently living in society;

"(4) to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities; and

"(5) to enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of historically underrepresented populations, particularly minority, low-income, inner-city, and rural populations.

"(b) POLICY.—It is therefore the policy of the United States to provide financial assistance to States—

"(1) to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families;

"(2) to facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage);

"(3) to enhance their capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and

"(4) to encourage States to expand opportunities for children under 3 years of age who would be at risk of having substantial developmental delay if they did not receive early intervention services.

20 USC 1432.

"SEC. 632. DEFINITIONS.

"As used in this part:

"(1) AT-RISK INFANT OR TODDLER.—The term 'at-risk infant or toddler' means an individual under 3 years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual.

"(2) COUNCIL.—The term 'council' means a State interagency coordinating council established under section 641.

"(3) DEVELOPMENTAL DELAY.—The term 'developmental delay', when used with respect to an individual residing in a State, has the meaning given such term by the State under section 635(a)(1).

"(4) EARLY INTERVENTION SERVICES.—The term 'early intervention services' means developmental services that—

"(A) are provided under public supervision;

"(B) are provided at no cost except where Federal or State law provides for a system of payments by families, including a schedule of sliding fees;

"(C) are designed to meet the developmental needs of an infant or toddler with a disability in any one or more of the following areas—

- "(i) physical development;
- "(ii) cognitive development;
- "(iii) communication development;
- "(iv) social or emotional development; or
- "(v) adaptive development;

"(D) meet the standards of the State in which they are provided, including the requirements of this part;

"(E) include—

- "(i) family training, counseling, and home visits;
- "(ii) special instruction;
- "(iii) speech-language pathology and audiology services;

"(iv) occupational therapy;

"(v) physical therapy;

"(vi) psychological services;

"(vii) service coordination services;

"(viii) medical services only for diagnostic or evaluation purposes;

"(ix) early identification, screening, and assessment services;

"(x) health services necessary to enable the infant or toddler to benefit from the other early intervention services;

"(xi) social work services;

"(xii) vision services;

"(xiii) assistive technology devices and assistive technology services; and

"(xiv) transportation and related costs that are necessary to enable an infant or toddler and the infant's or toddler's family to receive another service described in this paragraph;

"(F) are provided by qualified personnel, including—

"(i) special educators;

"(ii) speech-language pathologists and audiologists;

"(iii) occupational therapists;

"(iv) physical therapists;

"(v) psychologists;

"(vi) social workers;

"(vii) nurses;

"(viii) nutritionists;

"(ix) family therapists;

"(x) orientation and mobility specialists; and

"(xi) pediatricians and other physicians;

"(G) to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate; and

"(H) are provided in conformity with an individualized family service plan adopted in accordance with section 636.

"(5) INFANT OR TODDLER WITH A DISABILITY.—The term 'infant or toddler with a disability'—

"(A) means an individual under 3 years of age who needs early intervention services because the individual—

"(i) is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the areas of cognitive development, physical development, communication development, social or emotional development, and adaptive development; or

"(ii) has a diagnosed physical or mental condition which has a high probability of resulting in developmental delay; and

"(B) may also include, at a State's discretion, at-risk infants and toddlers.

Grants.
20 USC 1433.

"SEC. 633. GENERAL AUTHORITY.

"The Secretary shall, in accordance with this part, make grants to States (from their allotments under section 643) to assist each State to maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services for infants and toddlers with disabilities and their families.

20 USC 1434.

"SEC. 634. ELIGIBILITY.

"In order to be eligible for a grant under section 633, a State shall demonstrate to the Secretary that the State—

"(1) has adopted a policy that appropriate early intervention services are available to all infants and toddlers with disabilities in the State and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State; and

"(2) has in effect a statewide system that meets the requirements of section 635.

20 USC 1435.

"SEC. 635. REQUIREMENTS FOR STATEWIDE SYSTEM.

"(a) IN GENERAL.—A statewide system described in section 633 shall include, at a minimum, the following components:

"(1) A definition of the term 'developmental delay' that will be used by the State in carrying out programs under this part.

"(2) A State policy that is in effect and that ensures that appropriate early intervention services are available to all infants and toddlers with disabilities and their families, including Indian infants and toddlers and their families residing on a reservation geographically located in the State.

"(3) A timely, comprehensive, multidisciplinary evaluation of the functioning of each infant or toddler with a disability in the State, and a family-directed identification of the needs of each family of such an infant or toddler, to appropriately assist in the development of the infant or toddler.

"(4) For each infant or toddler with a disability in the State, an individualized family service plan in accordance with section 636, including service coordination services in accordance with such service plan.

"(5) A comprehensive child find system, consistent with part B, including a system for making referrals to service

providers that includes timelines and provides for participation by primary referral sources.

"(6) A public awareness program focusing on early identification of infants and toddlers with disabilities, including the preparation and dissemination by the lead agency designated or established under paragraph (10) to all primary referral sources, especially hospitals and physicians, of information for parents on the availability of early intervention services, and procedures for determining the extent to which such sources disseminate such information to parents of infants and toddlers.

"(7) A central directory which includes information on early intervention services, resources, and experts available in the State and research and demonstration projects being conducted in the State.

"(8) A comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources respecting the basic components of early intervention services available in the State, that is consistent with the comprehensive system of personnel development described in section 612(a)(14) and may include—

"(A) implementing innovative strategies and activities for the recruitment and retention of early education service providers;

"(B) promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services under this part;

"(C) training personnel to work in rural and inner-city areas; and

"(D) training personnel to coordinate transition services for infants and toddlers served under this part from an early intervention program under this part to preschool or other appropriate services.

"(9) Subject to subsection (b), policies and procedures relating to the establishment and maintenance of standards to ensure that personnel necessary to carry out this part are appropriately and adequately prepared and trained, including—

"(A) the establishment and maintenance of standards which are consistent with any State-approved or recognized certification, licensing, registration, or other comparable requirements which apply to the area in which such personnel are providing early intervention services; and

"(B) to the extent such standards are not based on the highest requirements in the State applicable to a specific profession or discipline, the steps the State is taking to require the retraining or hiring of personnel that meet appropriate professional requirements in the State;

except that nothing in this part, including this paragraph, prohibits the use of paraprofessionals and assistants who are appropriately trained and supervised, in accordance with State law, regulations, or written policy, to assist in the provision of early intervention services to infants and toddlers with disabilities under this part.

"(10) A single line of responsibility in a lead agency designated or established by the Governor for carrying out—

"(A) the general administration and supervision of programs and activities receiving assistance under section 633, and the monitoring of programs and activities used by

the State to carry out this part, whether or not such programs or activities are receiving assistance made available under section 633, to ensure that the State complies with this part;

“(B) the identification and coordination of all available resources within the State from Federal, State, local, and private sources;

“(C) the assignment of financial responsibility in accordance with section 637(a)(2) to the appropriate agencies;

“(D) the development of procedures to ensure that services are provided to infants and toddlers with disabilities and their families under this part in a timely manner pending the resolution of any disputes among public agencies or service providers;

“(E) the resolution of intra- and interagency disputes; and

“(F) the entry into formal interagency agreements that define the financial responsibility of each agency for paying for early intervention services (consistent with State law) and procedures for resolving disputes and that include all additional components necessary to ensure meaningful cooperation and coordination.

“(11) A policy pertaining to the contracting or making of other arrangements with service providers to provide early intervention services in the State, consistent with the provisions of this part, including the contents of the application used and the conditions of the contract or other arrangements.

“(12) A procedure for securing timely reimbursements of funds used under this part in accordance with section 640(a).

“(13) Procedural safeguards with respect to programs under this part, as required by section 639.

“(14) A system for compiling data requested by the Secretary under section 618 that relates to this part.

“(15) A State interagency coordinating council that meets the requirements of section 641.

“(16) Policies and procedures to ensure that, consistent with section 636(d)(5)—

“(A) to the maximum extent appropriate, early intervention services are provided in natural environments; and

“(B) the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

“(b) **POLICY.**—In implementing subsection (a)(9), a State may adopt a policy that includes making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to infants and toddlers with disabilities, including, in a geographic area of the State where there is a shortage of such personnel, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards described in subsection (a)(9), consistent with State law within 3 years.

"SEC. 636. INDIVIDUALIZED FAMILY SERVICE PLAN.

20 USC 1436.

"(a) ASSESSMENT AND PROGRAM DEVELOPMENT.—A statewide system described in section 633 shall provide, at a minimum, for each infant or toddler with a disability, and the infant's or toddler's family, to receive—

"(1) a multidisciplinary assessment of the unique strengths and needs of the infant or toddler and the identification of services appropriate to meet such needs;

"(2) a family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler; and

"(3) a written individualized family service plan developed by a multidisciplinary team, including the parents, as required by subsection (e).

"(b) PERIODIC REVIEW.—The individualized family service plan shall be evaluated once a year and the family shall be provided a review of the plan at 6-month intervals (or more often where appropriate based on infant or toddler and family needs).

"(c) PROMPTNESS AFTER ASSESSMENT.—The individualized family service plan shall be developed within a reasonable time after the assessment required by subsection (a)(1) is completed. With the parents' consent, early intervention services may commence prior to the completion of the assessment.

"(d) CONTENT OF PLAN.—The individualized family service plan shall be in writing and contain—

"(1) a statement of the infant's or toddler's present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development, based on objective criteria;

"(2) a statement of the family's resources, priorities, and concerns relating to enhancing the development of the family's infant or toddler with a disability;

"(3) a statement of the major outcomes expected to be achieved for the infant or toddler and the family, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services are necessary;

"(4) a statement of specific early intervention services necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and method of delivering services;

"(5) a statement of the natural environments in which early intervention services shall appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment;

"(6) the projected dates for initiation of services and the anticipated duration of the services;

"(7) the identification of the service coordinator from the profession most immediately relevant to the infant's or toddler's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part) who will be responsible for the implementation of the plan and coordination with other agencies and persons; and

"(8) the steps to be taken to support the transition of the toddler with a disability to preschool or other appropriate services.

"(e) PARENTAL CONSENT.—The contents of the individualized family service plan shall be fully explained to the parents and informed written consent from the parents shall be obtained prior to the provision of early intervention services described in such plan. If the parents do not provide consent with respect to a particular early intervention service, then the early intervention services to which consent is obtained shall be provided.

20 USC 1437.

"SEC. 637. STATE APPLICATION AND ASSURANCES.

"(a) APPLICATION.—A State desiring to receive a grant under section 633 shall submit an application to the Secretary at such time and in such manner as the Secretary may reasonably require. The application shall contain—

"(1) a designation of the lead agency in the State that will be responsible for the administration of funds provided under section 633;

"(2) a designation of an individual or entity responsible for assigning financial responsibility among appropriate agencies;

"(3) information demonstrating eligibility of the State under section 634, including—

"(A) information demonstrating to the Secretary's satisfaction that the State has in effect the statewide system required by section 633; and

"(B) a description of services to be provided to infants and toddlers with disabilities and their families through the system;

"(4) if the State provides services to at-risk infants and toddlers through the system, a description of such services;

"(5) a description of the uses for which funds will be expended in accordance with this part;

"(6) a description of the procedure used to ensure that resources are made available under this part for all geographic areas within the State;

"(7) a description of State policies and procedures that ensure that, prior to the adoption by the State of any other policy or procedure necessary to meet the requirements of this part, there are public hearings, adequate notice of the hearings, and an opportunity for comment available to the general public, including individuals with disabilities and parents of infants and toddlers with disabilities;

"(8) a description of the policies and procedures to be used—

"(A) to ensure a smooth transition for toddlers receiving early intervention services under this part to preschool or other appropriate services, including a description of how—

"(i) the families of such toddlers will be included in the transition plans required by subparagraph (C); and

"(ii) the lead agency designated or established under section 635(a)(10) will—

"(I) notify the local educational agency for the area in which such a child resides that the child will shortly reach the age of eligibility for preschool

services under part B, as determined in accordance with State law;

"(II) in the case of a child who may be eligible for such preschool services, with the approval of the family of the child, convene a conference among the lead agency, the family, and the local educational agency at least 90 days (and at the discretion of all such parties, up to 6 months) before the child is eligible for the preschool services, to discuss any such services that the child may receive; and

"(III) in the case of a child who may not be eligible for such preschool services, with the approval of the family, make reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for children who are not eligible for preschool services under part B, to discuss the appropriate services that the child may receive;

"(B) to review the child's program options for the period from the child's third birthday through the remainder of the school year; and

"(C) to establish a transition plan; and

"(9) such other information and assurances as the Secretary may reasonably require.

"(b) ASSURANCES.—The application described in subsection (a)—

"(1) shall provide satisfactory assurance that Federal funds made available under section 643 to the State will be expended in accordance with this part;

"(2) shall contain an assurance that the State will comply with the requirements of section 640;

"(3) shall provide satisfactory assurance that the control of funds provided under section 643, and title to property derived from those funds, will be in a public agency for the uses and purposes provided in this part and that a public agency will administer such funds and property;

"(4) shall provide for—

"(A) making such reports in such form and containing such information as the Secretary may require to carry out the Secretary's functions under this part; and

"(B) keeping such records and affording such access to them as the Secretary may find necessary to ensure the correctness and verification of those reports and proper disbursement of Federal funds under this part;

"(5) provide satisfactory assurance that Federal funds made available under section 643 to the State—

"(A) will not be commingled with State funds; and

"(B) will be used so as to supplement the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant those State and local funds;

"(6) shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to ensure proper disbursement of, and accounting for, Federal funds paid under section 643 to the State;

"(7) shall provide satisfactory assurance that policies and procedures have been adopted to ensure meaningful involvement of underserved groups, including minority, low-income, and rural families, in the planning and implementation of all the requirements of this part; and

"(8) shall contain such other information and assurances as the Secretary may reasonably require by regulation.

"(c) STANDARD FOR DISAPPROVAL OF APPLICATION.—The Secretary may not disapprove such an application unless the Secretary determines, after notice and opportunity for a hearing, that the application fails to comply with the requirements of this section.

"(d) SUBSEQUENT STATE APPLICATION.—If a State has on file with the Secretary a policy, procedure, or assurance that demonstrates that the State meets a requirement of this section, including any policy or procedure filed under part H (as in effect before July 1, 1998), the Secretary shall consider the State to have met the requirement for purposes of receiving a grant under this part.

Applicability.

"(e) MODIFICATION OF APPLICATION.—An application submitted by a State in accordance with this section shall remain in effect until the State submits to the Secretary such modifications as the State determines necessary. This section shall apply to a modification of an application to the same extent and in the same manner as this section applies to the original application.

"(f) MODIFICATIONS REQUIRED BY THE SECRETARY.—The Secretary may require a State to modify its application under this section, but only to the extent necessary to ensure the State's compliance with this part, if—

"(1) an amendment is made to this Act, or a Federal regulation issued under this Act;

"(2) a new interpretation of this Act is made by a Federal court or the State's highest court; or

"(3) an official finding of noncompliance with Federal law or regulations is made with respect to the State.

20 USC 1438.

"SEC. 638. USES OF FUNDS.

"In addition to using funds provided under section 633 to maintain and implement the statewide system required by such section, a State may use such funds—

"(1) for direct early intervention services for infants and toddlers with disabilities, and their families, under this part that are not otherwise funded through other public or private sources;

"(2) to expand and improve on services for infants and toddlers and their families under this part that are otherwise available;

"(3) to provide a free appropriate public education, in accordance with part B, to children with disabilities from their third birthday to the beginning of the following school year; and

"(4) in any State that does not provide services for at-risk infants and toddlers under section 637(a)(4), to strengthen the statewide system by initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers, including establishing linkages with appropriate public or private community-based organizations, services, and personnel for the purposes of—

“(A) identifying and evaluating at-risk infants and toddlers;

“(B) making referrals of the infants and toddlers identified and evaluated under subparagraph (A); and

“(C) conducting periodic follow-up on each such referral to determine if the status of the infant or toddler involved has changed with respect to the eligibility of the infant or toddler for services under this part.

“SEC. 639. PROCEDURAL SAFEGUARDS.

20 USC 1439.

“(a) MINIMUM PROCEDURES.—The procedural safeguards required to be included in a statewide system under section 635(a)(13) shall provide, at a minimum, the following:

“(1) The timely administrative resolution of complaints by parents. Any party aggrieved by the findings and decision regarding an administrative complaint shall have the right to bring a civil action with respect to the complaint in any State court of competent jurisdiction or in a district court of the United States without regard to the amount in controversy. In any action brought under this paragraph, the court shall receive the records of the administrative proceedings, shall hear additional evidence at the request of a party, and, basing its decision on the preponderance of the evidence, shall grant such relief as the court determines is appropriate.

Records.

“(2) The right to confidentiality of personally identifiable information, including the right of parents to written notice of and written consent to the exchange of such information among agencies consistent with Federal and State law.

“(3) The right of the parents to determine whether they, their infant or toddler, or other family members will accept or decline any early intervention service under this part in accordance with State law without jeopardizing other early intervention services under this part.

“(4) The opportunity for parents to examine records relating to assessment, screening, eligibility determinations, and the development and implementation of the individualized family service plan.

“(5) Procedures to protect the rights of the infant or toddler whenever the parents of the infant or toddler are not known or cannot be found or the infant or toddler is a ward of the State, including the assignment of an individual (who shall not be an employee of the State lead agency, or other State agency, and who shall not be any person, or any employee of a person, providing early intervention services to the infant or toddler or any family member of the infant or toddler) to act as a surrogate for the parents.

“(6) Written prior notice to the parents of the infant or toddler with a disability whenever the State agency or service provider proposes to initiate or change or refuses to initiate or change the identification, evaluation, or placement of the infant or toddler with a disability, or the provision of appropriate early intervention services to the infant or toddler.

“(7) Procedures designed to ensure that the notice required by paragraph (6) fully informs the parents, in the parents' native language, unless it clearly is not feasible to do so, of all procedures available pursuant to this section.

"(8) The right of parents to use mediation in accordance with section 615(e), except that—

"(A) any reference in the section to a State educational agency shall be considered to be a reference to a State's lead agency established or designated under section 635(a)(10);

"(B) any reference in the section to a local educational agency shall be considered to be a reference to a local service provider or the State's lead agency under this part, as the case may be; and

"(C) any reference in the section to the provision of free appropriate public education to children with disabilities shall be considered to be a reference to the provision of appropriate early intervention services to infants and toddlers with disabilities.

"(b) SERVICES DURING PENDENCY OF PROCEEDINGS.—During the pendency of any proceeding or action involving a complaint by the parents of an infant or toddler with a disability, unless the State agency and the parents otherwise agree, the infant or toddler shall continue to receive the appropriate early intervention services currently being provided or, if applying for initial services, shall receive the services not in dispute.

20 USC 1440.

"SEC. 640. PAYOR OF LAST RESORT.

"(a) NONSUBSTITUTION.—Funds provided under section 643 may not be used to satisfy a financial commitment for services that would have been paid for from another public or private source, including any medical program administered by the Secretary of Defense, but for the enactment of this part, except that whenever considered necessary to prevent a delay in the receipt of appropriate early intervention services by an infant, toddler, or family in a timely fashion, funds provided under section 643 may be used to pay the provider of services pending reimbursement from the agency that has ultimate responsibility for the payment.

"(b) REDUCTION OF OTHER BENEFITS.—Nothing in this part shall be construed to permit the State to reduce medical or other assistance available or to alter eligibility under title V of the Social Security Act (relating to maternal and child health) or title XIX of the Social Security Act (relating to Medicaid for infants or toddlers with disabilities) within the State.

20 USC 1441.

"SEC. 641. STATE INTERAGENCY COORDINATING COUNCIL.

"(a) ESTABLISHMENT.—

"(1) IN GENERAL.—A State that desires to receive financial assistance under this part shall establish a State interagency coordinating council.

"(2) APPOINTMENT.—The council shall be appointed by the Governor. In making appointments to the council, the Governor shall ensure that the membership of the council reasonably represents the population of the State.

"(3) CHAIRPERSON.—The Governor shall designate a member of the council to serve as the chairperson of the council, or shall require the council to so designate such a member. Any member of the council who is a representative of the lead agency designated under section 635(a)(10) may not serve as the chairperson of the council.

"(b) COMPOSITION.—

"(1) IN GENERAL.—The council shall be composed as follows:

"(A) PARENTS.—At least 20 percent of the members shall be parents of infants or toddlers with disabilities or children with disabilities aged 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities. At least one such member shall be a parent of an infant or toddler with a disability or a child with a disability aged 6 or younger.

"(B) SERVICE PROVIDERS.—At least 20 percent of the members shall be public or private providers of early intervention services.

"(C) STATE LEGISLATURE.—At least one member shall be from the State legislature.

"(D) PERSONNEL PREPARATION.—At least one member shall be involved in personnel preparation.

"(E) AGENCY FOR EARLY INTERVENTION SERVICES.—At least one member shall be from each of the State agencies involved in the provision of, or payment for, early intervention services to infants and toddlers with disabilities and their families and shall have sufficient authority to engage in policy planning and implementation on behalf of such agencies.

"(F) AGENCY FOR PRESCHOOL SERVICES.—At least one member shall be from the State educational agency responsible for preschool services to children with disabilities and shall have sufficient authority to engage in policy planning and implementation on behalf of such agency.

"(G) AGENCY FOR HEALTH INSURANCE.—At least one member shall be from the agency responsible for the State governance of health insurance.

"(H) HEAD START AGENCY.—At least one representative from a Head Start agency or program in the State.

"(I) CHILD CARE AGENCY.—At least one representative from a State agency responsible for child care.

"(2) OTHER MEMBERS.—The council may include other members selected by the Governor, including a representative from the Bureau of Indian Affairs, or where there is no BIA-operated or BIA-funded school, from the Indian Health Service or the tribe or tribal council.

"(c) MEETINGS.—The council shall meet at least quarterly and in such places as it deems necessary. The meetings shall be publicly announced, and, to the extent appropriate, open and accessible to the general public.

"(d) MANAGEMENT AUTHORITY.—Subject to the approval of the Governor, the council may prepare and approve a budget using funds under this part to conduct hearings and forums, to reimburse members of the council for reasonable and necessary expenses for attending council meetings and performing council duties (including child care for parent representatives), to pay compensation to a member of the council if the member is not employed or must forfeit wages from other employment when performing official council business, to hire staff, and to obtain the services of such professional, technical, and clerical personnel as may be necessary to carry out its functions under this part.

"(e) FUNCTIONS OF COUNCIL.—

"(1) DUTIES.—The council shall—

"(A) advise and assist the lead agency designated or established under section 635(a)(10) in the performance

of the responsibilities set forth in such section, particularly the identification of the sources of fiscal and other support for services for early intervention programs, assignment of financial responsibility to the appropriate agency, and the promotion of the interagency agreements;

"(B) advise and assist the lead agency in the preparation of applications and amendments thereto;

"(C) advise and assist the State educational agency regarding the transition of toddlers with disabilities to preschool and other appropriate services; and

Reports.

"(D) prepare and submit an annual report to the Governor and to the Secretary on the status of early intervention programs for infants and toddlers with disabilities and their families operated within the State.

"(2) AUTHORIZED ACTIVITY.—The council may advise and assist the lead agency and the State educational agency regarding the provision of appropriate services for children from birth through age 5. The council may advise appropriate agencies in the State with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services in the State.

"(f) CONFLICT OF INTEREST.—No member of the council shall cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under State law.

20 USC 1442.

"SEC. 642. FEDERAL ADMINISTRATION.

"Sections 616, 617, and 618 shall, to the extent not inconsistent with this part, apply to the program authorized by this part, except that—

"(1) any reference in such sections to a State educational agency shall be considered to be a reference to a State's lead agency established or designated under section 635(a)(10);

"(2) any reference in such sections to a local educational agency, educational service agency, or a State agency shall be considered to be a reference to an early intervention service provider under this part; and

"(3) any reference to the education of children with disabilities or the education of all children with disabilities shall be considered to be a reference to the provision of appropriate early intervention services to infants and toddlers with disabilities.

20 USC 1443.

"SEC. 643. ALLOCATION OF FUNDS.

"(a) RESERVATION OF FUNDS FOR OUTLYING AREAS.—

"(1) IN GENERAL.—From the sums appropriated to carry out this part for any fiscal year, the Secretary may reserve up to one percent for payments to Guam, American Samoa, the Virgin Islands, and the Commonwealth of the Northern Mariana Islands in accordance with their respective needs.

"(2) CONSOLIDATION OF FUNDS.—The provisions of Public Law 95-134, permitting the consolidation of grants to the outlying areas, shall not apply to funds those areas receive under this part.

"(b) PAYMENTS TO INDIANS.—

"(1) IN GENERAL.—The Secretary shall, subject to this subsection, make payments to the Secretary of the Interior to be distributed to tribes, tribal organizations (as defined under section 4 of the Indian Self-Determination and Education Assistance Act), or consortia of the above entities for the coordination of assistance in the provision of early intervention services by the States to infants and toddlers with disabilities and their families on reservations served by elementary and secondary schools for Indian children operated or funded by the Department of the Interior. The amount of such payment for any fiscal year shall be 1.25 percent of the aggregate of the amount available to all States under this part for such fiscal year.

"(2) ALLOCATION.—For each fiscal year, the Secretary of the Interior shall distribute the entire payment received under paragraph (1) by providing to each tribe, tribal organization, or consortium an amount based on the number of infants and toddlers residing on the reservation, as determined annually, divided by the total of such children served by all tribes, tribal organizations, or consortia.

"(3) INFORMATION.—To receive a payment under this subsection, the tribe, tribal organization, or consortium shall submit such information to the Secretary of the Interior as is needed to determine the amounts to be distributed under paragraph (2).

"(4) USE OF FUNDS.—The funds received by a tribe, tribal organization, or consortium shall be used to assist States in child find, screening, and other procedures for the early identification of Indian children under 3 years of age and for parent training. Such funds may also be used to provide early intervention services in accordance with this part. Such activities may be carried out directly or through contracts or cooperative agreements with the BIA, local educational agencies, and other public or private nonprofit organizations. The tribe, tribal organization, or consortium is encouraged to involve Indian parents in the development and implementation of these activities. The above entities shall, as appropriate, make referrals to local, State, or Federal entities for the provision of services or further diagnosis.

"(5) REPORTS.—To be eligible to receive a grant under paragraph (2), a tribe, tribal organization, or consortium shall make a biennial report to the Secretary of the Interior of activities undertaken under this subsection, including the number of contracts and cooperative agreements entered into, the number of children contacted and receiving services for each year, and the estimated number of children needing services during the 2 years following the year in which the report is made. The Secretary of the Interior shall include a summary of this information on a biennial basis to the Secretary of Education along with such other information as required under section 611(i)(3)(E). The Secretary of Education may require any additional information from the Secretary of the Interior.

"(6) PROHIBITED USES OF FUNDS.—None of the funds under this subsection may be used by the Secretary of the Interior for administrative purposes, including child count, and the provision of technical assistance.

"(c) STATE ALLOTMENTS.—

"(1) IN GENERAL.—Except as provided in paragraphs (2), (3), and (4), from the funds remaining for each fiscal year after the reservation and payments under subsections (a) and (b), the Secretary shall first allot to each State an amount that bears the same ratio to the amount of such remainder as the number of infants and toddlers in the State bears to the number of infants and toddlers in all States.

"(2) MINIMUM ALLOTMENTS.—Except as provided in paragraphs (3) and (4), no State shall receive an amount under this section for any fiscal year that is less than the greatest of—

"(A) one-half of one percent of the remaining amount described in paragraph (1); or

"(B) \$500,000.

"(3) SPECIAL RULE FOR 1998 AND 1999.—

"(A) IN GENERAL.—Except as provided in paragraph (4), no State may receive an amount under this section for either fiscal year 1998 or 1999 that is less than the sum of the amounts such State received for fiscal year 1994 under—

"(i) part H (as in effect for such fiscal year); and

"(ii) subpart 2 of part D of chapter 1 of title I of the Elementary and Secondary Education Act of 1965 (as in effect on the day before the date of the enactment of the Improving America's Schools Act of 1994) for children with disabilities under 3 years of age.

"(B) EXCEPTION.—If, for fiscal year 1998 or 1999, the number of infants and toddlers in a State, as determined under paragraph (1), is less than the number of infants and toddlers so determined for fiscal year 1994, the amount determined under subparagraph (A) for the State shall be reduced by the same percentage by which the number of such infants and toddlers so declined.

"(4) Ratable Reduction.—

"(A) IN GENERAL.—If the sums made available under this part for any fiscal year are insufficient to pay the full amounts that all States are eligible to receive under this subsection for such year, the Secretary shall ratably reduce the allotments to such States for such year.

"(B) ADDITIONAL FUNDS.—If additional funds become available for making payments under this subsection for a fiscal year, allotments that were reduced under subparagraph (A) shall be increased on the same basis they were reduced.

"(5) DEFINITIONS.—For the purpose of this subsection—

"(A) the terms 'infants' and 'toddlers' mean children under 3 years of age; and

"(B) the term 'State' means each of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico.

"(d) REALLOTMENT OF FUNDS.—If a State elects not to receive its allotment under subsection (c), the Secretary shall reallocate, among the remaining States, amounts from such State in accordance with such subsection.

"SEC. 644. FEDERAL INTERAGENCY COORDINATING COUNCIL.

20 USC 1444.

"(a) ESTABLISHMENT AND PURPOSE.—

"(1) IN GENERAL.—The Secretary shall establish a Federal Interagency Coordinating Council in order to—

"(A) minimize duplication of programs and activities across Federal, State, and local agencies, relating to—

"(i) early intervention services for infants and toddlers with disabilities (including at-risk infants and toddlers) and their families; and

"(ii) preschool or other appropriate services for children with disabilities;

"(B) ensure the effective coordination of Federal early intervention and preschool programs and policies across Federal agencies;

"(C) coordinate the provision of Federal technical assistance and support activities to States;

"(D) identify gaps in Federal agency programs and services; and

"(E) identify barriers to Federal interagency cooperation.

"(2) APPOINTMENTS.—The council established under paragraph (1) (hereafter in this section referred to as the 'Council') and the chairperson of the Council shall be appointed by the Secretary in consultation with other appropriate Federal agencies. In making the appointments, the Secretary shall ensure that each member has sufficient authority to engage in policy planning and implementation on behalf of the department, agency, or program that the member represents.

"(b) COMPOSITION.—The Council shall be composed of—

"(1) a representative of the Office of Special Education Programs;

"(2) a representative of the National Institute on Disability and Rehabilitation Research and a representative of the Office of Educational Research and Improvement;

"(3) a representative of the Maternal and Child Health Services Block Grant Program;

"(4) a representative of programs administered under the Developmental Disabilities Assistance and Bill of Rights Act;

"(5) a representative of the Health Care Financing Administration;

"(6) a representative of the Division of Birth Defects and Developmental Disabilities of the Centers for Disease Control;

"(7) a representative of the Social Security Administration;

"(8) a representative of the special supplemental nutrition program for women, infants, and children of the Department of Agriculture;

"(9) a representative of the National Institute of Mental Health;

"(10) a representative of the National Institute of Child Health and Human Development;

"(11) a representative of the Bureau of Indian Affairs of the Department of the Interior;

"(12) a representative of the Indian Health Service;

"(13) a representative of the Surgeon General;

"(14) a representative of the Department of Defense;

"(15) a representative of the Children's Bureau, and a representative of the Head Start Bureau, of the Administration for Children and Families;

"(16) a representative of the Substance Abuse and Mental Health Services Administration;

"(17) a representative of the Pediatric AIDS Health Care Demonstration Program in the Public Health Service;

"(18) parents of children with disabilities age 12 or under (who shall constitute at least 20 percent of the members of the Council), of whom at least one must have a child with a disability under the age of 6;

"(19) at least two representatives of State lead agencies for early intervention services to infants and toddlers, one of whom must be a representative of a State educational agency and the other a representative of a non-educational agency;

"(20) other members representing appropriate agencies involved in the provision of, or payment for, early intervention services and special education and related services to infants and toddlers with disabilities and their families and preschool children with disabilities; and

"(21) other persons appointed by the Secretary.

"(c) MEETINGS.—The Council shall meet at least quarterly and in such places as the Council deems necessary. The meetings shall be publicly announced, and, to the extent appropriate, open and accessible to the general public.

"(d) FUNCTIONS OF THE COUNCIL.—The Council shall—

"(1) advise and assist the Secretary of Education, the Secretary of Health and Human Services, the Secretary of Defense, the Secretary of the Interior, the Secretary of Agriculture, and the Commissioner of Social Security in the performance of their responsibilities related to serving children from birth through age 5 who are eligible for services under this part or under part B;

"(2) conduct policy analyses of Federal programs related to the provision of early intervention services and special educational and related services to infants and toddlers with disabilities and their families, and preschool children with disabilities, in order to determine areas of conflict, overlap, duplication, or inappropriate omission;

"(3) identify strategies to address issues described in paragraph (2);

"(4) develop and recommend joint policy memoranda concerning effective interagency collaboration, including modifications to regulations, and the elimination of barriers to interagency programs and activities;

"(5) coordinate technical assistance and disseminate information on best practices, effective program coordination strategies, and recommendations for improved early intervention programming for infants and toddlers with disabilities and their families and preschool children with disabilities; and

"(6) facilitate activities in support of States' interagency coordination efforts.

"(e) CONFLICT OF INTEREST.—No member of the Council shall cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under Federal law.

"(f) FEDERAL ADVISORY COMMITTEE ACT.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the establishment or operation of the Council.

"SEC. 645. AUTHORIZATION OF APPROPRIATIONS.

20 USC 1445.

"For the purpose of carrying out this part, there are authorized to be appropriated \$400,000,000 for fiscal year 1998 and such sums as may be necessary for each of the fiscal years 1999 through 2002.

THE LANTERMAN DEVELOPMENTAL DISABILITIES SERVICES ACT FACT SHEET

The State of California accepts a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. Affecting hundreds of thousands of children and adults directly, and having an important impact on the lives of their families, neighbors and whole communities, developmental disabilities present social, medical, economic and legal problems of extreme importance.

The Lanterman Act, Section 4501 of the Health & Welfare Code

What is the Lanterman Developmental Disabilities Services Act?

The Lanterman Developmental Disabilities Services Act (Lanterman Act) is the portion of California law that sets out the rights and responsibilities of persons with developmental disabilities. It also creates the agencies, including regional centers, responsible for planning and coordinating services and supports for people with developmental disabilities and their families.

The Lanterman Act establishes an entitlement to services and supports for persons with developmental disabilities, those at risk of developing a developmental disability, and their families. This entitlement ensures that individuals with developmental disabilities and their families have the right to receive services and supports which will enable them to make decisions and choices about how, and with whom, they want to live their lives; achieve the highest self-sufficiency possible; and lead productive, independent and satisfying lives as part of the communities in which they live.

In addition to the entitlement to services and supports, the Lanterman Act creates the regional centers which serve as the central coordinating agency in a community network. Regional centers have the mandate to ensure that the clients for whom it is responsible receive services and supports which will assist them in living productively in their communities. The regional center may accomplish this task by securing services and supports directly, or by assisting consumers and families to locate and access services and supports from other agencies. This model of service delivery recognizes that California's network of services and supports for persons with developmental disabilities is large and complex. Therefore, the Legislature designed the service delivery system to have one central coordinating agency that consumers and families can contact regarding all of their questions and needs.